



ARIZONA
DEPARTMENT
of CHILD SAFETY
Comprehensive
Health Plan

Mercy Care Department of Child Safety
Comprehensive Health Plan
(Mercy Care DCS CHP)

2023-2024 Member Handbook

Because we **care.**

www.MercyCareAZ.org



ARIZONA
DEPARTMENT
of CHILD SAFETY
Comprehensive
Health Plan

4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Mercy Care DCS CHP Member Services

Monday through Friday, 8 a.m. to 5 p.m.

602-212-4983 or **1-833-711-0776** (TTY **711**)

In a life-threatening situation, call **911**.

For email, go to **www.MercyCareAZ.org** and select "Contact Us."

Grievances and Appeals

Phone: **602-586-1719** or **1-866-386-5794**

Fax: **602-351-2300**

Email: **MCGandA@MercyCareAZ.org**

Office of Individual and Family Affairs (OIFA)

Email: **OIFATeam@MercyCareAZ.org**



Follow us @MercyCareAZ

PERSONAL INFORMATION

Child's Member ID number: _____

Child's PCP name: _____

Child's PCP's phone number: _____

Child's pharmacy: _____

Child's pharmacy's phone number: _____

Child's pharmacy's address: _____

Child's dentist name: _____

Child's dentist phone number: _____

Child's Behavioral Health Home: _____

You can view or download this Member Handbook at www.MercyCareAZ.org/members/chp-members. You can also request a copy be mailed to you by calling Member Services at **602-212-4983** or **1-833-711-0776** (TTY **711**). Representatives are available Monday through Friday, 8 a.m. to 5 p.m.

Handbook revision date: October 1, 2023.

Covered services are funded under contract with AHCCCS. Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) follows federal and state laws that apply under the contract with AHCCCS. This is general health information and should not replace the advice or care the child gets from their provider. Always ask the child's provider about their health care needs.

No one from Mercy Care DCS CHP will ever call you and ask you for your or the child's social security number or Medicare information, and neither will Medicare. If you receive a phone call from someone claiming to be from Mercy Care or Medicare, do not give them any information about yourself or the child. Hang up and call Member Services or report it online. Go to www.MercyCareAZ.org/members/chp-members and select "Fraud and Abuse."

You've just welcomed a child in foster care into your home. **What's next?**



Mercy Care Department of Child Safety Comprehensive Health Plan Member Services

Our member services representatives are ready to help connect you to the services and supports you need. They'll help get to you the right person within Mercy Care, whether you need to talk to a nurse, need help solving a challenge you're facing or want to know about a provider's background.

You can call Mercy Care DCS CHP Member Services Monday- Friday, 8 a.m. to 5 p.m. at **602-212-4983** or **1-833-711-0776** (TTY **711**)

Department of Child Safety (DCS) Resources



DCS Kinship/Foster Caregiver Assistance

A DCS representative is available to answer questions, direct you to resources and help resolve concerns about DCS involvement, kinship parenting, shared parenting, health care, education, legal supports and more.

You can call the DCS Kinship/Foster Caregiver Assistance Line from Monday-Friday, 8:15 a.m. to 4:30 p.m. at **1-877-543-7633, option 3**. This line is sometimes called the 'warmline.' Caregivers can also leave a voicemail and someone will get back to them within 24 hours. Caregivers can also send an email to **FosterAdoption@azdcs.gov**.

DCS Kinship/Foster FAQ

Find answers to frequently asked questions related to children in foster care, including health, finances and education.



<https://dcs.az.gov/foster-adoption/foster-and-kinship-faqs>

DCS Kinship/Foster "Go-To" Guide

A detailed guide with information and resources to educate and support caregivers of children in foster care



<https://dcs.az.gov/foster-and-adoption/gotoguide>





Arizona Behavioral Health Crisis Lines

If you or a child or youth in your care are facing a behavioral health crisis, you can call the Arizona Behavioral Health Crisis Line. Some tribal communities also have crisis lines for their members. Call anytime, 24/7, for crisis intervention, support and referrals. When you call, a crisis line representative reviews your situation. They'll help you find the best possible solution. You are not alone.

Arizona Behavioral Health Crisis Line
1-844-534-4673 or **1-844-534-HOPE**

San Carlos Apache Reservation
1-866-495-6735

**Gila River and Ak-Chin
Indian communities**
1-800-259-3449

**Salt River Pima Maricopa
Indian Community**
1-855-331-6432



Significant incident notification

Notify DCS **within two hours** after a child suffers any of the following events: death; serious illness or injury requiring hospitalization, urgent care or emergency room treatment; any non-accidental injury or sign of maltreatment; unexplained absence; severe psychiatric episode; fire or other emergency requiring evacuation of the resource home.

Notify DCS **within 48 hours** of an occurrence or event likely to affect the well-being of the child in the foster caregiver's care such as: a child's involvement with law enforcement; serious illness or death involving a member of the foster family's household.



A foster/kinship caregiver's checklist

Expect an Integrated Rapid Response Evaluation

The child in your care will receive a behavioral health assessment and physical health screening **within 72 hours** of removal through the Integrated Rapid Response Process.

If you haven't received a call about arranging an appointment within 24 to 96 hours of the child arriving in your home, you can call the Arizona Foster Care Hotline at **602-633-0763**.

Enroll the child in school

If the child is going to a new school, enroll the child as soon as possible or within 5 days.

Schools may not delay enrollment due to a lack of items, such as uniforms, that are normally required for enrollment.

Practice your emergency evacuation plan

Depending on the age of the child in your care, you'll need to practice your evacuation plan within 72 hours.



Create a contact list, as soon as possible

- DCS Specialist and their DCS Program Supervisor
- Child Abuse Hotline number
- Licensing agency worker and after-hours number
- Behavioral health crisis line
- School teacher and principal
- Parent contact
- Doctor, dentist, behavioral health providers, pharmacy
- WIC office information, if applicable
- Guardian Ad Litem (GAL), attorney and court-appointed special advocate (CASA)

Make doctor and dental appointments

If the child doesn't have one, choose a primary care provider (PCP) and dentist for the child **within 30 days**. Give that information to Mercy Care DCS CHP.

Schedule an appointment with the PCP **within 30 days**. Schedule a dental appointment **within 30 days**. Members begin dental visits by age one. By age 2, children should visit the dentist every 6 months for routine exams (or more often if needed). Check-ups should be completed within 60 days of placement.

If you need help finding a PCP or dentist, you can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776 (TTY 711)**.

TABLE OF CONTENTS

Welcome to Mercy Care Department of Child Safety Comprehensive Health Plan.....	1
Contact us	2
After hours (urgent care)	3
Telehealth services.....	4
Behavioral health crisis services	4
Access to substance use disorder services.....	5
Language and cultural services	5
Provider network	6
Managed care programs.....	6
Member identification (ID) card	6
Member and caregiver responsibilities	7
Changes in information	8
Changing health plans	9
Emergency services and transportation.....	9
Covered health services.....	10
Information about employment services.....	13
End of life care services	15
Specialists and other providers	15
Augmentative and Alternative Communication (AAC) devices.....	16
Accessing services not covered due to moral or religious objections	18
Information for American Indian members	18
Primary care providers (PCP) and primary dental providers (PDP).....	18
Children’s care and Early and Periodic Screening, Diagnostic and Treatment (EPSDT).....	21
Immunizations/vaccinations (shots).....	27
Women’s health services.....	28
Pregnancy and maternity services	29
Human Immunodeficiency Virus (HIV) testing.....	34
Family planning services and supplies.....	34
Dental care	35
Pharmacy services	37
Behavioral health services	40
Children’s Rehabilitative Services (CRS)	48
Member councils	52
Prior authorization process	53
Dual-eligible members: payment for medications.....	56

Authorizations.....56

Member grievance.....58

Member’s rights.....63

Health plan Notices of Privacy Practices66

Physician Incentive Plans67

Fraud, waste and abuse67

Quitting tobacco68

Smartphones at no cost to you69

Community resources69

Low-cost and no-cost primary and preventive care services.....85

Low-fee dental services89

Definitions.....91

Maternity care service definitions.....93

Non discrimination notice95

Welcome to Mercy Care Department of Child Safety Comprehensive Health Plan

The Mercy Care Department of Child Safety Comprehensive Health Plan (Mercy Care DCS CHP) is a program administered by the Arizona Department of Child Safety (DCS). Mercy Care DCS CHP is the health plan for Arizona's children and youth placed in out-of-home care. Members are enrolled with Mercy Care DCS CHP by their custodial agency (the agency that placed them in out-of-home care).

Custodial agencies are:

- Arizona Department of Child Safety (DCS)
- Arizona Department of Juvenile Corrections (ADJC)
- Administrative Office of the Court/Juvenile Probation Office (AOC/JPO)

Each Mercy Care DCS CHP member has a DCS Specialist or custodial agency representative assigned to them. The specialist or custodial agency representative will call or visit you in person to talk about the member's health care needs and the services they can get. They will ask you questions about the member's health.

New Member Packet and Member ID Card

You should receive a New Member Enrollment Packet from the DCS Specialist or custodial agency representative. **The New Member Enrollment Packet includes a welcome letter with the member's Mercy Care DCS CHP Member ID card.** The welcome letter will tell you about the Primary Care Provider (PCP) assigned to the child in your care. It will also tell you how you can get the Mercy Care DCS CHP Member Handbook and member newsletters.

Notice to Provider Form

The child's assigned DCS specialist will give you a Notice to Provider form. The caregiver should show the form to health care providers and pharmacies or give them the Mercy Care DCS CHP member ID number. Use this form until a permanent ID card is given to you by the member's DCS Specialist or custodial agency representative. Mercy Care DCS CHP Member Services will also need a copy of the Notice to Provider before they can release any information to you. If you have trouble using the Notice to Provider form at pharmacies, be sure to call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). This form should be updated with current information, and an updated form provided to each doctor and dentist so they have the correct DCS specialist information.

If you don't receive a New Member Packet, a Mercy Care DCS CHP Member ID Number or Notice to Provider Form, call the DCS Specialist or custodial agency representative. You can also call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Member Handbook

The Mercy Care DCS CHP Member Handbook is for members and their caregivers. You should take time to read this handbook. It will answer many questions you may have. If you have any problems reading or understanding this handbook, you can call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). We can help explain the information to you. We can also provide the information in your primary language at no cost to you.

This Member Handbook is revised every year. The handbook can be found on our website at **www.MercyCareAZ.org/members/chp-members**.

Contact us

Mercy Care DCS CHP Member Service representatives are available to help you with questions, concerns or issues about the member's health care coordination. They are available Monday-Friday from 8 a.m. to 5 p.m. at **602-212-4983** or **1-833-711-0776** (TTY 711).

Mercy Care DCS CHP Member Services representatives can:

- Answer questions about health care benefits
- Help solve a problem or concern you might have with a doctor or any part of the health plan
- Help you find a doctor for the child in your care
- Help you find out who the child's dentist is or to find a new dentist
- Tell you about our doctors, their backgrounds and care facilities
- Help you if you get a medical bill
- Tell you about community resources available to you and the child in your care
- Help you if the child in your care speaks another language, are visually impaired, need interpretation services, or sign language services

When you call us:

We ask questions to check your identity. We do this to protect the member's privacy. This is State and Federal law.

You should have the following information before you call:

- Member ID number
- Member's address and phone number
- Member's date of birth
- Member AHCCCS ID number (if available)
- Notice to Provider form

Write to us:

Mercy Care DCS CHP
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Fax us:

Fax: **844-424-3975**

Medical Management

Mercy Care DCS CHP's Medical Management program assists members and providers with using the right services to ensure members get and stay healthy. Medical Management reviews and coordinates care for members so they get the proper treatment to improve their health. Medical Management also develops new processes as needed. They ensure members have access to high quality care that is timely, effective, efficient and safe. Call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) and ask to speak with someone in Medical Management.

Grievances and Appeals

If you disagree with our decision described in the Notice of Adverse Benefit Determination letter, you have the right to request an appeal. Or you may have a concern with a doctor or felt that office staff treated you poorly. The Grievances and Appeals team can help. See the Member Grievance section in this handbook for more information.

602-586-1719 or **1-866-386-5794**

Fax: **602-351-2300**

Email: **MercyCareGandA@MercyCareAZ.org**

Office of Individual and Family Affairs (OIFA)

The Office of Individual and Family Affairs (OIFA) promotes recovery, resiliency, and wellness for individuals with mental health and substance abuse challenges. OIFA builds partnerships with individuals, families of choice, youth, communities, organizations and collaborates with key leadership and community members in the decision-making process at all levels of the behavioral health system.

Mercy Care OIFA- Mercy Care Committees

4750 S. 44th Place, Ste. 150

Phoenix, AZ 85040

OIFATeam@MercyCareAZ.org

Nurse line

Our nurse line is available 24 hours a day, 7 days a week to answer general medical questions. Call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) and select the option for the Nurse Line.

Child Abuse Hotline

1-888-SOS-CHILD (or 1-888-767-2445) Available 24 hours a day, 7 days a week

Foster Care Hotline

If a behavioral health provider has not called you to make an appointment to arrange for an Integrated Rapid Response service within 24 hours after the member enters out-of-home care, call the Solari Foster Care Line at **602-633-0763**.

Mercy Care DCS CHP Children's Services Liaison

If you have issues or concerns with accessing behavioral health services, call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) and ask for the Children's Services Liaison. You can also email **DCS@MercyCareAZ.org**.

After hours (urgent care)

After hours care is also called urgent care. If the member needs care right away but isn't in danger of lasting harm or losing their life, they can visit an urgent care center. There are some injuries and illnesses that may not be an emergency but can turn into an emergency if they aren't treated within 24 hours.

Some examples of non-emergent matters are:

- Minor burns or cuts
- Ear aches
- Cough
- Muscle sprains/strains

If you don't know whether you need to visit an urgent care center, call the member's health care provider, even at night and on weekends. **If it is a life-threatening emergency, call 911.** You don't need to get prior authorization to call 911. Always tell the health care provider about any visits to an urgent care center or hospital. Notify DCS within two hours after a child suffers any serious illness or injury requiring hospitalization, urgent care or emergency room treatment.

You can find the closest urgent care center by checking the Provider Directory on the Mercy Care DCS CHP website at **www.MercyCareAZ.org** or call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for help.

Telehealth services

Through secure video on your phone or computer, you can meet with a doctor for treatment of common health conditions. You can see a doctor via telehealth for things like a cold, the flu, allergies, sinus problems and more. You can call your primary care provider (PCP) to ask for a telehealth visit. If your PCP does not offer telehealth services, you can find a telehealth provider at **www.MercyCareAZ.org** under "Find a Provider."

Behavioral health crisis services

Mercy Care DCS CHP members get behavioral health services, including services for drug and alcohol use, from Mercy Care DCS CHP.

If the member has a behavioral health emergency, it's important to get help right away. You can call a behavioral health crisis phone number listed below. If a Mobile Crisis Team does respond with within two (2) hours, call Member Services at Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). You can also call the Children's Services Liaison if a child in a foster placement is experiencing a crisis and a Mobile Crisis Team does not respond within two (2) hours. You can reach the Children's Services Liaison at **480-751-8471**.

National Crisis hotline: Call or text **988**, or chat with a crisis counselor at **<https://988lifeline.org/talk-to-someone-now>**.

Arizona Behavioral Health Crisis Line: **1-844-534-4673** or **1-844-534-HOPE**, Text **HOPE to 4HOPE (44673)**, or chat with a specialist at **<https://crisis.solari-inc.org/start-a-chat>**.

Gila River and Ak-Chin Indian communities: **1-800-259-3449**

Salt River Pima Maricopa Indian Community: **1-855-331-6432**

Tohono O'odham Nation: **1-844-423-8759**

Pascua Yaqui Tribe: Tucson **520-591-7206**; Guadalupe **480-736-4943**

White Mountain Apache Tribe: **928-338-4811**

Fort McDowell Yavapai Nation: **480-461-8888**

San Lucy District of the Tohono O’odham Nation: **480-461-8888**

Navajo Nation: **928-551-0508**

Access to substance use disorder services

The child’s Primary Care Provider (PCP) may be able to help if the child has depression, anxiety, attention deficit hyperactivity disorder (ADHD) or opioid use concerns. PCPs may give the child medicine, watch how the medicine is working and order different tests to determine the best course of action to address the child’s condition. If you would like the child’s PCP to help if you feel the child has depression, anxiety, ADHD, or opioid use concerns, you should call the child’s PCP directly.

You do not need a referral from the child’s PCP for behavioral health or substance use disorder services. If you would like behavioral health or substance use disorder services, call the behavioral health provider directly to set up an appointment. You can also call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for help with finding a behavioral health or substance use disorder provider.

If you need help finding services, you can go to **www.MercyCareAZ.org** to search for providers in your area. You can also call Member Services for help finding services. AHCCCS has search tool for treatment services at **opioidservicelocator.azahcccs.gov**. You can also go to **www.findtreatment.gov**.

Language and cultural services

Clear communication is important to get the health care the member needs. Mercy Care DCS CHP provides you with member materials in a language or format that may be easier for you to understand. We can also provide you with printed health care materials, including this handbook, in a language or format that is easier for you to read. These materials (including the Member Handbook and Provider Directory) are provided at no cost to you. We have interpreters for you to use at no cost if the health care provider does not speak your language. You can call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for help.

If a health care provider does not understand the cultural or language needs of the child in your care, or if you have a problem reading or understanding this information or any other Mercy Care DCS CHP information, call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for help. We can explain this information, in English or in your primary language at no cost to you.

Auxiliary aids

Auxiliary aids are services or devices that help those with vision, speech or hearing impairments. We can help you get auxiliary aids including readers, Braille materials, audio recordings, and other similar services and devices. These materials are available at no cost to you. For more information on how to get auxiliary aids and services, call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Provider network

The Mercy Care DCS CHP provider network includes doctors, specialists, hospitals, pharmacies and other providers who will work to meet the unique health care needs for our members. Our providers will make sure that health care is accessible, continuous, comprehensive, coordinated, compassionate and culturally effective.

The Mercy Care DCS CHP Provider Directory lists the names, locations, telephone numbers and languages other than English spoken by our plan providers. This includes dental providers and other health care specialists. We can help you find a provider who can accommodate members with physical disabilities and provide a skilled medical interpreter at the provider's office.

How to get help coordinating complex health care

If you need help coordinating complex health care needs, you can contact Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). They can help you find the right provider for the child in your care. Member Services may also refer you to care management for more help.

If you present to a provider not contracted with Mercy Care DCS CHP you must provide the provider with the member's ID card and/or the Notice to Provider form as you normally would. It's the responsibility of the provider to make sure the member is eligible and that they have a contract with the health plan prior to seeing the member. If the provider does not have a contract, they will need to contact Mercy Care DCS CHP for approval. Mercy Care DCS CHP Member Services is available at **602-212-4983** or **1-833-711-0776** (TTY 711).

You can access the Mercy Care DCS CHP Provider Directory by visiting the Mercy Care DCS CHP website at **www.MercyCareAZ.org**. If you would like a copy of the Mercy Care DCS CHP Provider Directory mailed to you at no cost, you can call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). Provider Clinical Practice Guidelines are also available at **www.MercyCareAZ.org**.

Managed care programs

Managed care is a system that manages health care delivery to control costs. A managed care organization is also called a health plan. Mercy Care DCS CHP is the member's health plan and is responsible for the member's health care.



As a managed care program, Mercy Care DCS CHP requires the health care provider to submit a request for authorization for certain services. Mercy Care DCS CHP also reviews the services provided to verify that appropriate services are provided. The Primary Care Provider (PCP) is the health care provider that coordinates health care for the member and makes necessary referrals for services.

Member identification (ID) card

When a member is enrolled, you will receive a Member Identification (ID) card similar to the one below. The Member ID card is your key to getting health care services for the member. It has the member's ID number, name, and other important information. The AHCCCS ID number starts with the letter "A." Mercy Care DCS CHP members may initially have a number that starts with a letter "P." A Member ID beginning with the letter "P"

may be replaced by a number beginning with an “A” once one becomes available. The Member ID card will look similar to the card below.

Front

 mercy care DCS CHP 
Mercy Care DCS CHP – Member Identification Card
Member Name: <MBRLAST>, <MBRFIRST> <MBRMI>
AHCCCS ID#: <AHCCCSID>
RXBIN: 610591
RXPCN: ADV
RXGRP: RX8805
Health Plan Name: Mercy Care DCS CHP
602-212-4983 or 1-833-711-0776

Back

Carry this card with you at all times. Present it when you get service. You may be asked for a picture ID. Using the card inappropriately is a violation of law. This card is not a guarantee for services. To verify benefits visit www.MercyCareAZ.org .
Cargue esta tarjeta con usted todo el tiempo. Presentela cuando reciba servicios. Puedes ser que la pidan una identificación con foto. Usar la tarjeta inapropiadamente es una violación de la ley. Esta tarjeta no es una garantía los servicios. Para verificar los beneficios visite www.MercyCareAZ.org .
Member Services: 602-212-4983 1-833-711-0776 TTY/TDD: 711 24-hour Nurse Line: 602-212-4983 1-833-711-0776

If the member has an Arizona driver’s license or state issued ID, AHCCCS will obtain the member’s picture from the Arizona Department of Transportation Motor Vehicle Division (MVD). The AHCCCS eligibility verification screen viewed by providers contains the member’s picture (if available) and coverage details.

The Member ID card should be kept safe. Do not throw the card away. You will need it each time you get medical services for the member. Do not let anyone else use the Member ID card. It’s against the law. Selling or letting someone else use the member’s card is fraud. Legal action could be taken against you, including loss of eligibility.

The Member ID card is available at no cost to the member. If you do not receive the Member ID card or you need a replacement card, call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). Your DCS Specialist can also assist you with getting a replacement card.

Member and caregiver responsibilities

Mercy Care DCS CHP members and caregivers have the following responsibilities:

- Protect the member’s ID card at all times and inform Mercy Care DCS CHP of the loss or theft of a member ID card.
- Present the Mercy Care DCS CHP member ID card when using healthcare services.
- Present the Notice to Provider form when using health care services if the Mercy Care DCS CHP member ID card is not available.
- Provide a copy of the Notice to Provider to Mercy Care DCS CHP Member Services.
- Always list Mercy Care DCS CHP as the responsible party for payment of health care services.
- Provide health care providers with accurate and complete medical information.
- Follow instructions given to you by health care providers and ask questions if you do not understand the instructions.
- Inform Mercy Care DCS CHP about any other insurance coverage the member may have.
- Follow the prescribed treatment of care recommended by the provider or letting the provider know the reasons the treatment cannot be followed, as soon as possible.
- Schedule appointments with the doctor during office hours whenever possible before using urgent care or a hospital emergency room.

- Schedule appointments outside of the member’s school hours whenever possible.
- Make every effort to keep any agreed upon appointments and follow-up appointments, and access preventive care services.
- Take the member to medical appointments, dental exams or call the assigned DCS Specialist, custodial agency representative or Mercy Care DCS CHP for help with transportation.
- Use the Multi-Specialty Interdisciplinary Clinics (MSIC) if the member has a CRS qualifying condition when asked to do so by Mercy Care DCS CHP or the health care provider.
- Cooperate with the DCS Specialist, custodial agency representative, Mercy Care DCS CHP and health care providers to make certain the member is receiving the best care possible.
- Notify Mercy Care DCS CHP and health care providers if there is any change in address or phone number.
- Notify the Department of Child Safety or the custodial agency when family size or any other demographic information changes.
- When a member leaves DCS CHP, it’s important for the member’s new caregiver or family to update their address and contract information at **www.healtharizonaplus.gov** so they can get important information from AHCCCS and their Medicaid health plan.

Changes in information

If you’re moving with a member to another county, state or country, call Mercy Care DCS CHP Member Services and the member’s DCS Specialist or custodial agency representative for help in getting health care services in the new area. Member Services can help you with finding a new pharmacy for the member, or with problems filling medications. You should also call the member’s Primary Care Provider (PCP) and Primary Dental Provider (PDP) so that they can provide records to your new health care providers. Advance notice of the member’s new address will allow time for the transfer of medical files to a new provider. This ensures continuity of care for the member.

The member’s DCS Specialist or custodial agency representative will find out if the member can get health care services in the new state. They will also inform you on how to apply for Medicaid services on behalf of the member. If the member is not eligible for Medicaid services in the new state, Mercy Care DCS CHP will cover all medically necessary physical and behavioral health care services. Mercy Care DCS CHP will also work with the DCS Specialist or custodial agency representative to locate and register providers.

The Arizona Department of Child Safety (DCS) will, to the greatest extent possible, consult with the biological parents of the child and the member when making health care decisions.

If DCS has temporary custody of a child or has legal custody pursuant to a court order, DCS may consent to the following services:

- Evaluation and treatment for emergency conditions that are not life threatening
- Routine medical and dental treatment and procedures including Early Periodic Screening Diagnosis and Treatment (EPSDT) services, and services by health care providers to relieve pain and treat symptoms of common childhood illness or conditions
- Surgery
- General anesthesia
- Blood transfusion
- Testing for presence of the human immunodeficiency virus

Services caregivers cannot authorize:

- General anesthesia
- Blood transfusions
- Pregnancy termination
- Any surgery or medical treatment that is not routine

Involving family in the treatment planning

You and the child's DCS Specialist play an important role in the child's care. The child's family will often have important information to share with health care professionals. The treatment team should encourage input from family members. Providers should consult with family when appropriate.

Changing health plans

Mercy Care DCS CHP facilitates transition of care for all members to ensure continued access to services when members are exiting out-of-home care and need to change their health plan.

Members who are exiting out-of-home care but are Medicaid eligible continue health care coverage with another AHCCCS health plan until a re-determination is made.

Members 18 years of age who are AHCCCS eligible while in out-of-home care may qualify for the Young Adult Transitional Insurance (YATI) Program for continued medical coverage with AHCCCS.

Call the member's DCS Specialist or custodial agency representative for more information on AHCCCS enrollment and transition to another AHCCCS health plan.

To ensure members have continuity and quality care when changing to a different health plan, fee-for-service (FFS) program or provider, Mercy Care DCS CHP:

- Identifies the member leaving the health plan or changing from one provider to another
- Identifies any significant medical conditions the member may have and prior authorizations they have received
- Notifies the new health plan, FFS Program, the member's health care provider or facilities, about members with special needs
- Provides the new health plan or health care provider and/or facilities with relevant medical records
- Maintain confidentiality of information in documents accessed and shared during a member's transition

Emergency services and transportation

An emergency is a sudden condition that puts the member's life in danger or can cause harm to the member if not treated fast.

Examples of emergency matters are:

- Major bleeding
- Broken bones

- Trouble breathing
- Seizures
- Unconsciousness

You can get emergency care 24 hours a day, 7 days a week for the child in your care. **If the child needs emergency care, call 911 or go to the nearest hospital emergency room.** Emergency services are covered by Mercy Care DCS CHP and don't require prior authorization.

Emergency services do not take the place of doctor's office visit.

Notify the member's DCS Specialist or custodial agency representative and Mercy Care DCS CHP Care Manager immediately after a member has received emergency services. Notify DCS within two hours after a child suffers any serious illness or injury requiring hospitalization, urgent care or emergency room treatment.

Emergency transportation

If the member needs transportation in a life-threatening emergency, dial **911** or call the local ambulance service. Emergency transportation services are covered by Mercy Care DCS CHP and do not require prior authorization.

Medically Needed Non-Emergency Transportation

Caregivers should transport members to and from medical and behavioral health appointments. If you need a ride to an appointment, ask a relative, friend or use public transportation. If you are unable to get a ride for a **behavioral health appointment**, you can call the member's Child and Family Team to coordinate the ride. If you are unable to get a ride for a **medical appointment**, contact Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) at least 24 hours before the medical appointment. You can also contact the member's DCS Specialist or custodial agency representative.

Covered health services

Covered services are health care services for which Mercy Care DCS CHP pays. This includes physical health and behavioral health care, services, supports, supplies, prescription and over-the-counter drugs, equipment and other services. The care must be medically necessary. Medically necessary means reasonable and necessary to prevent or treat illnesses or health conditions or disabilities. This includes care that keeps you from going into a hospital. It also means the services, supplies, or drugs that meet accepted standards of medical practice.

Mercy Care DCS CHP pays for health care services that are medically necessary. Medically necessary services include:

- Doctor office visits
- Well-child exams or Early and Periodic Screening, Diagnosis and Treatment (EPSDT) visits
- Screening tests such as tuberculosis, lead, anemia, hearing, vision, sexually transmitted infection (STIs), cervical cancer screening etc.
- Immunizations or vaccinations
- Behavioral health services (see Behavioral Health Services section of this handbook)
- Hospital care
- Specialist care, as needed

- Family planning services and supplies
- Home and community-based services
- Lab and X-ray services
- Pregnancy care (prenatal and postpartum)
- 24-hour emergency medical care
- Preventative, diagnostic and restorative dental care
- Emergency transportation
- Vision care and eyeglasses
- Medically needed transportation
- Pharmacy services, medical supplies and equipment
- Transplants covered by AHCCCS

Mercy Care DCS CHP does not pay for:

- Care that is not medically needed
- Hospital admission, service or item that needed prior authorization (PA) but was not approved in advance or was denied
- Services or items for cosmetic purposes
- Services or items that are at no cost or for which charges are not usually made
- Pregnancy termination, unless prior approved and pregnancy termination counseling
- Personal care items such as shampoo, mouthwash, diapers for newborns to three years old
- Dietary formulas or diet supplements that are provided by WIC (unless they are the only source of nutrition and/or medically necessary and not covered by WIC). WIC provides services to members under 5 years of age.
- Care provided by individuals who are not properly licensed or certified and who are not Mercy Care DCS CHP registered

Mercy Care DCS CHP pays for routine dental services without Prior Authorization (PA) or predetermination.

Routine dental services include:

- Dental exams and X-rays
- Treatment for pain, infection, swelling and dental injuries
- Cleanings and fluoride treatments
- Dental sealants
- Fillings, extractions and medically necessary stainless steel crowns
- Pulp therapy and root canals
- Oral health screenings by a PCP
- Fluoride varnish applied by a PCP or PDP
- Dental education by a PCP or PDP

A dentist needs a Prior Authorization for major dental services, including general anesthesia and braces.

Vision coverage

Mercy Care DCS CHP pays for routine vision services without Prior Authorization or predetermination. Routine vision services include:

- Eye exams
- Eyeglasses and bifocals
- Scratch coating

- Repairs and replacement of eyeglasses
- Tinted lenses (when medically needed)
- Contact lenses (with a statement of why they are medically needed)

Eyeglass coverage for members under 21 years

Vision services are covered for all Mercy Care DCS CHP members. This coverage includes regular eye exams and vision screenings, prescription eyeglasses, and repairs or replacements of broken or lost eyeglasses.

What if glasses are lost or broken?

There are no restrictions for replacement eyeglasses when they are needed to correct vision. This includes but is not limited to, loss, breakage or change in prescription. You do not need to wait until the next regularly scheduled vision screening to replace or repair eyeglasses. Call Mercy Care DCS CHP Member Services to find the next available vision screening with an EPSDT provider.

Incontinence briefs

Incontinence briefs (pants), including pull-ups and/or incontinence pads, may be paid for by Mercy Care DCS CHP if the member is older than three years of age and has a documented medical condition that is causing them to have problems with bladder and/or bowel control.

Mercy Care DCS CHP uses the following guidelines to determine coverage for incontinence briefs:

- The child must be older than three years of age.
- The child needs the incontinent briefs to prevent skin breakdown and to enable participation in social community, therapeutic, and educational activities under limited circumstances; and
- The health care provider has written a prescription for incontinence briefs. (Total of 240 incontinence briefs per month are allowed without authorization). If more are needed, the health care provider will need to request authorization and provide specific documentation as to why.

If the Department of Child Safety is currently providing a stipend toward the purchase of the incontinent briefs and Mercy Care DCS CHP is going to supply them, the stipend will discontinue. Mercy Care DCS CHP will have the incontinence briefs delivered to the home by a designated supply company. For questions about incontinence briefs, you can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Services that are not covered

1. Services from a health care provider who is NOT contracted with Mercy Care DCS CHP (unless prior approved by Mercy Care DCS CHP)
2. Cosmetic services or items
3. Personal care items such as combs, razors, soap, etc.
4. Any service that needs prior authorization that was not authorized prior to receiving the service
5. Services or items given at no charge, or for which charges are not usually made
6. Services of special duty nurses, unless medically necessary and prior authorized
7. Physical therapy that is not medically necessary
8. Routine circumcisions
9. Services that are determined to be experimental by the Mercy Care DCS CHP medical director
10. Pregnancy termination and pregnancy termination counseling, unless medically necessary. For more information, see the section titled "Medically Necessary Pregnancy Terminations" later in this handbook.

11. Health services if the member is in prison or in a facility for the treatment of tuberculosis
12. Experimental organ transplants, unless approved by AHCCCS
13. Sex change operations and reversal of voluntary sterilization
14. Medications and supplies without a prescription
15. Treatment to straighten teeth, unless medically necessary and approved by Mercy Care DCS CHP
16. Prescriptions not on our list of covered medications, unless approved by Mercy Care DCS CHP
17. Medical marijuana

Experimental services and treatments

Mercy Care and AHCCCS work together to look at new medical procedures and services to make sure you get safe, up to date, high-quality medical care. A team of doctors reviews new health care methods to decide if they should become covered services. **Experimental services and treatments that are being researched and studied are not covered services.**

To decide if new technology will be a covered service, Mercy Care DCS CHP and AHCCCS:

- Study the purpose of each technology
- Review medical literature
- Determine the impact of a new technology
- Develop guidelines on how and when to use the technology

Non-Title 19/21 services available to Title 19/21 and Non-Title 19/21 members and how to access these services

There are some services that are available to Mercy Care DCS CHP members whether they are eligible for Medicaid or are not eligible for Medicaid. These are sometimes called Non-Title 19-21 services. Those services include traditional healing, acupuncture, housing, and room and board. You can access these services by talking to the child's provider.

Information about employment services

Did you know?

- Working may be an important part of a person's life as it gives structure and routine while boosting self-esteem and improving financial independence.
- Even if you are collecting public benefits, like Social Security, you may be able to make more money and still keep your medical benefits.
- For people with disabilities, Vocational Rehabilitation is an important resource to help you reach your job goals.

Employment services

You may have access to employment services through the assessment made by your DCS CHP Support Coordinator. This includes both pre- and post-employment services to help you get and keep a job. Some examples of the employment services you may be eligible for include:

- Career/Educational Counseling
- Benefits planning and education
- Connection to Vocational Rehabilitation and/or community resources

- Job skills training
- Résumé preparation/job interview skills
- Assistance in Finding a Job
- Job support (job coaching)

For information about Mercy Care’s employment services, visit <https://www.mercycareaz.org/members/chp-members/resources> and select “Employment Services.”

To learn more about employment services and supports, or to get connected, ask your DCS CHP Support Coordinator, or contact Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711), Monday-Friday from 8 a.m.- 5 p.m.

How to Connect to Employment Services

All areas of the state have dedicated employment specialists ready to assist you, your DCS CHP Support Coordinator, and your planning team with employment resources. Your DCS CHP Support Coordinator can connect you with employment services and supports that meet your needs and will work with you to determine the best services necessary based on your job goal. Speak with your DCS CHP Support Coordinator for more information about getting connected with employment services.

Still need help? You may contact DCS CHP Mercy Care Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) who will connect you to Mercy Care’s Employment Administrator.

Other Employment Resources:

Vocational Rehabilitation (VR)

VR is a program within the Arizona Department of Economic Security (ADES) designed to assist eligible individuals who have disabilities prepare for, get, and keep a job.

You may be eligible for VR services if you meet the following requirements:

- You have a physical or mental disability.
- Your physical or mental disability results in a significant barrier to employment.
- You require VR services in order to prepare for, get, keep, or regain employment.
- You can benefit from VR services in terms of achieving an employment outcome.

Once you apply for the VR program and are determined eligible, you will work with the VR Counselor to develop a plan for employment. Plan development includes identifying a competitive employment goal and will address any disability-related barriers to employment. Ask your DCS CHP Support Coordinator about a referral to VR.

For more information and to locate the nearest VR office to you, visit <https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>.

ARIZONA@WORK

This statewide job center offers a wide array of workforce services at no cost to connect Arizona job seekers to gainful employment. Through ARIZONA@WORK, you can connect with local employers who have immediate job openings on Arizona’s largest employment database, the Arizona Job Connection website.

ARIZONA@WORK can connect you to their partners for expert advice and guidance on everything from childcare, basic needs, Vocational Rehabilitation for job seekers with disabilities, and educational opportunities.

For more information and to locate the nearest ARIZONA@WORK office, visit <https://arizonaatwork.com>.

Benefits Planning & Education

There are a number of myths related to work and benefits. There are plenty of people living with disabilities who are on benefits and work and are better off. Having a disability does not mean you cannot work. Talk with your Support Coordinator or employment specialist for more information on the following resources:

- **Arizona Disability Benefits 101 (DB101)** – This no-cost, user-friendly online tool helps people work through the myths and confusion of Social Security benefits, healthcare, and employment. DB101 supports people to make informed decisions when thinking about getting a job by learning how job income and benefits go together. Visit <http://az.db101.org> to access this valuable tool.
- **ABILITY360** – Within ABILITY360 is a program called *Benefits 2 Work Arizona's Work Incentives Planning & Assistance (B2W WIPA)* that can help you understand how job income will affect your cash, medical, and other benefits through a benefits analysis. To reach an Intake Specialist, call the *B2W WIPA* program at **602-443-0720** or **1-866-304-WORK (9675)**, or email at b2w@ability360.org, and see if you might qualify for this service at no cost.

End of life care services

End of Life (EOL) care is a member-centric approach to health care with the goal of maintaining the member's rights and dignity as they receive other medically necessary Medicaid covered services. EOL care includes information on being healthy and selecting treatment throughout all stages of the member's illness.

EOL care, when necessary, may include advance care planning. Advance Directives are coordinated with the family, caregivers, DCS Specialist or custodial agent and Arizona Attorney General's office for Mercy Care DCS CHP members 17 years of age or younger.

Specialists and other providers

The Primary Care Provider (PCP) and Primary Dental Provider (PDP) can take care of most of the member's health care needs. We also have other providers (doctors) who are specialists. Mercy Care DCS CHP registers providers who meet Mercy Care DCS CHP quality standards. We want our members to get the best care possible.

Referrals

A referral means the member needs doctor's approval to get a service or go to another doctor to get special care. You do need a referral from the member's PCP or PDP to see a specialist. Initial evaluations and consultations do not need Prior Authorization (PA) from Mercy Care DCS CHP, and the referral is good for as long as the member needs care from the specialist. The member's doctor will take care of any referrals you need for the child in your care. You may also request a second opinion from another Mercy Care network doctor.

Once the specialty provider has decided to provide health care treatment, the specialty provider will request a PA from Mercy Care DCS CHP before health care services begin. If Mercy Care DCS CHP denies services, the DCS Specialist or custodial agency representative will receive a denial letter stating why and how to appeal the decision.

Self-referral

You do not need a referral from your PCP for the following services:

- Dental covered services
- OB/GYN covered services
- Behavioral health and substance use services (see the “Behavioral Health” section for more information)
- Family planning services and supplies

Female members, or members assigned female at birth, have direct access to preventive and well care services from a gynecologist within the Mercy Care DCS CHP network without a referral from a primary care provider. Pregnant members may choose their Obstetrician-Gynecologist (OB-GYN) provider as their PCP.

The Mercy Care DCS CHP Provider Directory has a list of specialty providers. You can access the Provider Directory on the Mercy Care DCS CHP website at **www.MercyCareAZ.org**. If you need help with selecting a specialty provider or to request a copy of the Provider Directory at no cost, call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Augmentative and Alternative Communication (AAC) devices

What is an AAC device?

An AAC device gives a member added ways to express their wants, needs and thoughts. These devices are computer tablets that assist a person with a speech or language impairment. They can communicate using images from the tablet screen. This is a covered benefit for all Mercy Care Medicaid members with a medical necessity for an AAC device.

Complete these steps to request an AAC device:

1. Ask your Primary Care Provider (PCP) for a prescription to receive an assessment by a Speech Language Pathologist (SLP). This prescription is good for 12 months.
2. Schedule an appointment with the SLP for the assessment. You can find a list of in-network licensed and registered SLPs at **<https://www.mercycareaz.org/members/chp-members/aac>** or by calling member services.
3. The Speech Language Pathologist will perform the evaluation. This will determine if the member would benefit from the use of an AAC device.
4. Mercy Care must give Prior Authorization before ordering the AAC device.
5. The AAC device vendor will mail or deliver the AAC device to your home.

Scan to watch video on how to order an AAC device.



Support once you have an AAC device

AAC device treatment

Once the member receives the AAC device, contact the SLP to schedule AAC device treatment. The first treatment should be completed no later than 90 days after Prior Authorization (PA) was given to order the AAC device.

AAC device repairs

- All repairs require Prior Authorization by Mercy Care.
- Mercy Care will cover one device repair every 12 months due to normal wear and tear unless the device is under warranty.
- You can work with the original treating Speech Language Pathologist or AAC device vendor to confirm if the device is under warranty.
- The AAC device vendor will help you to return the device if it's under warranty.
- Mercy Care won't cover the replacement of applications that have been deleted or can't be accessed due to loss of username and password.

AAC device replacements

The device and accessories typically last up to 36 months. Complete the AAC device ordering process anew by getting a prescription from your PCP for an assessment by the SLP. AAC device and/or accessories replacement will require a PA and may be replaced when:

- Lost or damaged beyond repair.
- It's been 3 years since the first prescription, and the AAC device no longer works.
- The AAC device doesn't meet the member's needs because their condition changed, and they need a re-assessment.
- The AAC device doesn't meet the member's needs despite adequate treatment.
- There is documentation, from the manufacturer, that the AAC device can't be repaired.
- Accessories that are damaged or worn.
- The AAC device is lost or stolen, and the following documentation is submitted:
 - A police report, if stolen.
 - A "Find My iPad" report from Apple (iPad only).

Re-assessment for device changes

A re-assessment by the SLP and device modification may be allowed if:

- At least 3 months of treatment is provided.
- There's a change in the member's medical condition.
- The member isn't meeting or exceeding current goals with the current AAC device.

If you have further questions, call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Accessing services not covered due to moral or religious objections

If a provider does not cover a service, including counseling or referral services, due to moral or religious objections, call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711), for help with finding a different provider.

Information for American Indian members

American Indian members can choose where they want to receive health care. In addition to receiving health care services from Mercy Care DCS CHP providers, American Indian members are able to receive health care services from any Indian Health Service provider or tribally owned and/or operated facility at any time.

Primary care providers (PCP) and primary dental providers (PDP)

Whether you're new to Mercy Care DCS CHP, recently moved or are just ready for a change, selecting a Primary Care Provider (PCP) and Primary Dental Provider (PDP) is an important first step toward managing the member's health care.

The PCP and PDP are the providers the members will visit the most for medical and dental needs, including wellness visits and routine screenings, and non-emergency illnesses like earaches and sore throats. The PCP and PDP are part of the Medical Home and Dental Home that coordinate care for the members.

The PCP and PDP will:

- Review and track the member's medical and dental history
- Provide coordination of care to meet the member's needs
- Work with specialists, pharmacies, hospitals and other providers to track all care a member receives
- Provide the member's medical and dental information to those who need it

Choosing a PCP and PDP

You can select a PCP and PDP from the Mercy Care DCS CHP Provider Directory. The directory includes languages that the provider speaks and services they provide to those with physical disabilities. You can search the list of providers by location, specialty or name. The directory is available on the Mercy Care DCS CHP website at **www.MercyCareAZ.org**, or call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711), to have a copy of the directory mailed to you at no cost.

Changing a PCP and PDP

You may change the member's PCP and PDP at any time, for any reason. Reasons to change a PCP and PDP include:

- Member moves
- You or the member do not feel comfortable
- The office is far from you and the member
- You or the member do not understand what the PCP/PDP says

If you change the member's PCP and PDP, ask the current provider to transfer the member's medical records to the new PCP and PDP. To request a change, or to notify Mercy Care DCS CHP of a change, call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Dental providers

Mercy Care partners with DentaQuest to provide dental benefits to our members. All dental services need to be provided by a provider contracted with DentaQuest. Sometimes, you may need approval to get some services. This is called prior authorization. If you need approval for a service, the contracted DentaQuest provider will submit the request to DentaQuest. To find a dental provider, you can visit **www.MercyCareAZ.org** and select "Find a provider" at the top of the screen. Then scroll down to "Find a Mercy Care dentist" and click on "Dental provider search tool."

Make, change or cancel PCP and PDP appointments

Call the PCP and PDP to schedule appointments for the member. When you call, tell the office that the member is covered by Mercy Care DCS CHP.

Have the following information ready:

- Member's name
- Member's Mercy Care DCS CHP ID number
- Reason the member needs the appointment

To cancel or change medical and dental appointments, call the provider at least one day before the appointment. Some providers may attempt to charge a fee for missed appointments. By State of Arizona law, Mercy Care DCS CHP cannot pay for missed or no-show appointments.

Access and availability for appointments

Mercy Care DCS CHP members should be able to get an appointment to see providers when needed. Call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) if you are unable to get appointments within the timelines listed below:

For Primary Care Provider Appointments:

- Urgent Care Appointments as expeditiously as the member's health condition requires but no later than 2 business days of request
- Routine care appointments within 21 calendar days of request

For Specialty Provider Appointments, including Dental Specialists:

- Urgent Care Appointments as expeditiously as the member's health condition requires, but no later than 2 business days of request
- Routine care appointments within 45 calendar days of referral

For Dental Provider Appointments:

- Urgent appointments as expeditiously as the member's health condition requires, but no later than 3 business days of request
- Routine care appointments within 30 calendar days of request

For Maternity Care Provider Appointments (prenatal care):

- First trimester- within 14 calendar days of request
- Second trimester- within 7 calendar days of request
- Third trimester- within 3 business days of request
- High risk pregnancies as expeditiously as the member's health condition requires and no later than 3 business days of identification of high risk by the Contractor or maternity care provider or immediately if an emergency exists

For Non-Emergency Medical Transportation (NEMT)

- A member should arrive on time for an appointment, but no sooner than one hour before the appointment
- A member should not have to wait more than one hour after the end of treatment for transportation home

Keeping children healthy

Well visits (well exams) are covered for members. Most well visits (also called checkup or physical) include a medical history, physical exam, health screenings, health counseling, and medically necessary immunizations. Early Periodic Screening, Diagnostic, and Treatment (EPSDT) visits for members under 21 years of age are considered the same as a well visit.

As a caregiver, you can help keep members healthy if you:

- Make sure members get all their well-child and dental visits.
- Follow up on all referrals made during visits with the PCP.
- Make sure members receive all their vaccines (shots). Be sure shots are up to date (See the Center for Disease Control and Prevention website for immunization schedules and more information: <https://www.cdc.gov/vaccines/schedules/hcp/imz/child-adolescent.html>)
- Make sure teens go to their well visits. These include well woman visits for girls. The teen's doctor should talk with them about reproductive health and birth control. They should also talk about safe sex. Safe sex includes how to prevent sexually transmitted infections (STIs). There is often discussion of depression, as well as the use of drugs and alcohol at these visits. These talks should be appropriate for the child's age and development. The member's caregiver should also talk to them about these subjects.
- There are community resources available to help you and the child in your care. For more information, refer to the "Community Resources" section at the back of this handbook or call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

All Mercy Care DCS CHP members must have a full well visit, a dental visit, and behavioral health evaluation within the first 30 days of removal and placement in out-of-home care. The well visit will include any immunizations the child may need at that time. You should schedule a physical exam, a dental visit and behavioral health evaluation for members. If the member had an exam before removal, Mercy Care DCS CHP requests that the appointment for the full well visit and dental visit be scheduled again within 30 days of the removal and placement into out-of-home care.

Children’s care and Early and Periodic Screening, Diagnostic and Treatment (EPSDT)

Early Periodic Screening, Diagnostic and Treatment (EPSDT) is a comprehensive child health program of prevention and treatment, correction, and improvement (amelioration) of physical and behavioral health conditions for AHCCCS members under the age of 21.

The purpose of EPSDT is to ensure the availability and accessibility of health care resources, as well as to assist in effectively utilizing these resources.

EPSDT services provide comprehensive health care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care of physical and behavioral health problems for AHCCCS members less than 21 years of age.

Amount, Duration and Scope: The Medicaid Act defines EPSDT services to include screening services, vision services, replacement and repair of eyeglasses, dental services, hearing services and such other necessary health care, diagnostic services, treatment and other measures described in federal law subsection 42 U.S.C. 1396d(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the AHCCCS state plan. Limitations and exclusions, other than the requirement for medical necessity and cost effectiveness do not apply to EPSDT services.

A well child visit is synonymous with an EPSDT visit and includes all screenings and services described in the AHCCCS EPSDT and dental periodicity schedules.

This means that EPSDT covered services include services that correct or ameliorate physical and behavioral health conditions, and illnesses discovered by the screening process when those services fall within one of the optional and mandatory categories of “medical assistance” as defined in the Medicaid Act. Services covered under EPSDT include all categories of services in the federal law even when they are not listed as covered services in the AHCCCS state plan, AHCCCS statutes, rules, or policies as long as the services are medically necessary and cost effective.

EPSDT includes, but is not limited to, coverage of inpatient and outpatient hospital services, laboratory and x-ray services, physician services, naturopathic services, nurse practitioner services, medications, dental services, therapy services, behavioral health services, medical equipment, medical appliances and medical supplies, orthotics, prosthetic devices, eyeglasses, transportation, family planning services and supplies, women’s preventive care services, and maternity services. EPSDT also includes diagnostic, screening, preventive, and rehabilitative services. However, EPSDT services do not include services that are experimental, solely for cosmetic purposes, or that are not cost effective when compared to other interventions.

Female members, or members assigned female at birth, have direct access to preventive and well care services from a PCP, OB/GYN, or other maternity care provider within the Contractor’s network without a referral from a primary care provider.

Other visits for children in foster care

When children first come into foster care, the American Academy of Pediatrics recommend that they have a comprehensive health care visit within the first 30 days. Mercy Care DCS CHP asks that all children and youth have an EPSDT (or well visit), a dental visit, and a rapid response visit in the first 30 days. This will help identify medical, dental and behavioral health needs or conditions and meet American Academy of Pediatrics' recommendation.

Mercy Care DCS CHP also requests that children be seen:

- Monthly during the first 6 months of life, then according to the EPSDT schedule.
- Every 3 months from 6 to 24 months of age. Then at a minimum of every 6 months.
- For older children who have suffered maltreatment, monthly for the first 3 months, then every 6 months after maltreatment occurred.

Some of the recommended visits may be the EPSDT visit (or well visit) or other follow up visits to address the health concerns, development, and behavioral health needs. The well visit may also include any immunizations the child may need at that time.

The importance of EPSDT well-child visits

One of the best ways to keep a child healthy is to take the child each year for a well-child visit, even if they are healthy. Regular EPSDT visits (same as a well-child visit or check-up) can help keep children safe from illness. There is no copayment or other charge for EPSDT well child visits, shots, or covered services. During a well-child visit you have the chance to talk to the child's doctor and ask questions. Things that may occur during these visits:

- Health and developmental history as well as a comprehensive physical exam
- Screening for age-appropriate weight gain, as well as providing nutrition education
- Nutritional assessment and screening, and making referrals if necessary
- Behavioral health screenings and services, and making referrals if necessary
- Identifying developmental milestones
- Developmental surveillance and screenings
- Immunizations (shots)
- Lab and/or diagnostic testing for conditions such as Anemia, Sickle Cell Anemia, Blood Lead Poisoning, Tuberculosis (TB) testing, etc.
- Health education, counseling, and help with chronic disease self-management
- Oral health screening and education
- Fluoride varnish application, when a child has reached six months of age with at least one tooth erupted, with applications happening every three months up to two years of age
- Vision and hearing screenings
- If medically necessary, the doctor will send a referral for your child to see a specialist. Some examples can be a dietician or nutritionist, a behavioral health specialist, a developmental specialist, a physical therapist, or a speech therapist.
- The doctor may also offer you some information on available community resources or programs.
- The doctor may also talk about subjects appropriate for the child's age and development, such as:
 - Reproductive health, birth control, and safe sex, including how to prevent sexually transmitted infections (STIs).
 - Avoiding risky behaviors such smoking (including e-cigarettes and vaping), as well as drug use and alcohol use.
 - How they are feeling and if they are depressed or if they have thoughts of harming themselves.

Mercy Care DCS CHP supports the enhanced visit schedule recommended by the American Academy of Pediatrics (AAP) for children placed in out-of-home care. Additional visits allow health care providers to address complex health issues children may face when adjusting to new placements, schools, etc.

Important dates and shots listed in the AHCCCS EPSDT Periodicity Schedule are below

Well-child checkups (EPSDT Visits)

- Newborn
- 3-5 days
- 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months
- Annually from ages 3-20 years of age

Shots (Immunizations)

- Diphtheria, Tetanus, Pertussis (DTaP)
- Haemophilus Influenzae type b (Hib)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus (HPV)
- Influenza (Flu)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (Meningitis)
- Pneumococcal (Pneumonia)
- Inactivated Polio (IPV)
- Rotavirus (RV)
- Tetanus, Diphtheria, Pertussis (Tdap)
- Varicella (Chickenpox)
- COVID-19

Mercy Care DCS CHP supports the enhanced visit schedule recommended by the American Academy of Pediatrics (AAP) for children placed in out-of-home care. Additional visits allow health care providers to address complex health issues children may face when adjusting to new placements, schools, etc.

When members are new to DCS care Well child visit or EPSDT and a preventative Dental visit should occur within the first 30 days of entry into care, followed by the enhanced visit schedule which includes:

- Monthly visits for the first 3 months after removal for all ages (some of these visits may be EPSDT visits) then
- Birth to 6 months of age– monthly visits for the first 6 months of life
- 7-24 months of age – every 3 months
- 25 months to 18 years of age- every 6 months at a minimum, preferably 3-4 times a year
- These visits may be EPSDT visits or follow up visits with the PCP

Enhanced visits with a PCP

Newborn infant to 6 months of age	6 months to 2 years of age	2 years and older
Monthly visits with PCP for the first 6 months of life.	Monthly visits with PCP for the first 3 months after entry into foster care.	Monthly visits with PCP for the first 3 months after entry into foster care.
Followed by visits with the PCP every 3 months from 6 to 24 months of age.	Followed by visits every 3 months until 24 months of age.	N/A
Followed by visits every 3-6 months (Mercy Care DCS CHP recommends 3-4 times a year which is the same as every 3-4 months).	Followed by visits every 3-6 months (Mercy Care DCS CHP recommends 3-4 times a year which is the same as every 3-4 months).	Followed by visits every 3-6 months (Mercy Care DCS CHP recommends 3-4 times a year which is the same as every 3-4 months).
These visits may be the required EPSDT visits or follow up visits with the PCP.	These visits may be the required EPSDT visits or follow up visits with the PCP.	These visits may be the required EPSDT visits or follow up visits with the PCP.

Developmental screening

Developmental screening takes a closer look at how your child/foster child is developing. Your child/foster child will get a brief test, or you will complete a questionnaire about the child. The tools used to check on developmental and behavioral screening are formal questionnaires or checklists, based on research that ask about how your child/foster child is developing; including language, movement, thinking, behavior, and emotions. Developmental screening can be done by your health care professional and others may also be involved; early childhood education professionals, community or school settings. The CDC website has more information regarding Developmental screening and monitoring if you would like to learn more visit:

<https://www.cdc.gov/ncbddd/childdevelopment/screening.html>.

Caregivers should be aware that a developmental screening is done at each outlined EPSDT/well-child visit. Only providers who are certified by AHCCCS in the use of the PEDS Tool, M-CHAT, and ASQ can complete these screenings. It is important to find a provider who is certified in these developmental screening tools.

Health care providers are required to use a Developmental Screening Tool during an EPSDT/well child visit for members ages 9, 18, 24, and 30 months. There are different screening tools that provider can choose from. Below are three different examples of Developmental Screening Tools they can use:

- Parents' Evaluation of Developmental Status tool (PEDS)
- Modified Checklist for Autism in Toddlers (M-CHAT)
- Ages and Stages Questionnaire (ASQ)

Dangers of lead exposure and recommended/mandatory testing

Lead poisoning is a problem in Arizona. Testing the blood for lead is required for all children ages 1 year old and 2 years old. Additional screening may take place for children up to the age of 6 if they are at risk for lead poisoning or if they live in a high-risk ZIP code. To learn if your zip code is high risk, visit <https://www.azdhs.gov/gis/childhood-lead>. If you are going to register the child for Early Head Start/Head Start, they will require proof that they have had a blood lead test.

Age-appropriate weight gain, childhood obesity, and prevention measures

During a well-child visit, the child's doctor checks their Body Mass Index (BMI) to see if they are at a healthy weight for their age, sex, and height. The higher a child's BMI, the greater the risk of future health problems. If their BMI is too high, then their doctor should provide nutritional education and they may make a referral to a dietician or a nutritionist. Here are some healthy choice suggestions to help:

- Eat five (5) servings a day of fruits and vegetables.
- Spend less than two (2) hours a day in front of a screen (this includes TV, video games, computers, tablets, and other mobile devices).
- Be active at least one (1) hour a day.
- Do not drink sweetened beverages, including soda and juices.

Asthma signs and symptoms and prevention measures

Asthma is a preventable chronic lung condition that can range from mild to severe. It's important to recognize the signs and symptoms such as coughing, sneezing, chest tightness, shortness of breath, and/or a blue coloring to the lips. Everyone's triggers are different and can range from pollution, mold, smoke, dust, pollen, foods, stress, physical activity, and more. Asthma can be managed by understanding the medications, making sure medications are being taken, and by helping to reduce triggers. If you notice any of these signs and symptoms or if they have a flare up, call their doctor, or take them to an urgent care center near you.

Safety tips for you and your child

Protect the child (or teen) in your care by talking with them about avoiding dangerous activities or risky behaviors and by paying attention to the warning signs of suicide and depression and to seek help if you see any. Examples of these behaviors are being withdrawn, severe changes in their mood, and/or increase in drug or alcohol use. If you are not sure how to talk with them about these subjects, you can ask their provider for help or you can call Member Services and we should be able to provide you with some good resources. Examples of risky behaviors that you can talk about are:

- Smoking cigarettes, e-cigarettes, vaping, hookahs, etc.
- Participating in sexual behavior at an early age
- Using drugs and/or drinking alcohol
- Participating in or being the victim of bullying and violence
- The dangers found on social media and the Internet

Community resources

There are some available community resources and programs that may help. During the EPSDT well child visit, the doctor may discuss these services with you. The doctor will also tell us which services the child may benefit from, and we will send you some educational information on how to obtain those services. Examples of some community programs are WIC, AzEIP, CRS, behavioral health, home visiting programs, Raising Special Kids, Early Head Start/Head Start, Vaccines for Children (VFC), and the Birth to Five Helpline. For more information, refer to the "Community Resources" section at the back of this handbook or call Mercy Care Member Services.

Dental decay prevention measures

The care and cleaning of baby teeth are important for long-term dental health. Even though the first set of teeth (baby teeth) will fall out, tooth decay can make the teeth fall out before they are ready. That makes the adult teeth come in crooked and out of place. Tooth decay on baby teeth can also cause decay to transfer to adult teeth. Daily dental care should begin even before a baby's first tooth comes in. Wipe the baby's gums daily with a clean, damp washcloth or gauze. You can also brush the gums gently with a soft, infant-sized toothbrush and

water. As soon as the first teeth appear, brush the teeth and gums with water. By the time all the baby teeth are in, try to brush them at least twice a day. It's also important to get children used to flossing early on. A good time to start flossing is when two (2) teeth start to touch. Talk to the child's dentist for advice on flossing tiny teeth.

The importance of oral health care

The child's PCP should do an oral health screening at every EPSDT well child visit. They should also start applying fluoride varnish to their teeth once the child has reached six months of age with at least one tooth erupted. This should happen four times a year (one every three months) during their EPSDT visits, up until they turn five years old. There is no copayment or other charge for covered EPSDT dental-related services.

The child's first dentist appointment should be scheduled by age one. After that, they should see the dentist every six months for regular visits. This is twice a year. Their dentist should be applying fluoride varnish at both visits until they turn 21 years old. Dental visits may also include x-rays, fillings, cleanings, and sealants. Follow these simple tips when taking the child in your care to the dentist:

- Keep the dentist's name and number handy.
- Schedule regular appointments a couple of months ahead of time.
- Make sure you have a ride to your appointment.
- Be on time for your appointment.
- Make sure to bring your child's member ID card with you to the dentist's office.
- If you must cancel the appointment, call the dentist's office as soon as you can.

Assistance with scheduling of appointments or transportation

If you need help making an EPSDT well child visit appointment or dental appointment, please call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). Member Services can also help you schedule a ride to the appointment if you need one.

Neonatal Abstinence Syndrome (NAS)

Many children placed in out-of-home care are identified as having substance-exposure at birth and have neonatal abstinence syndrome (NAS). Substances identified by hospitals and other medical professionals can include exposure to alcohol, amphetamines, cocaine, inhalants, marijuana, heroin, prescription pain medications, opioids, and other drugs of abuse. Being aware of the signs of a newborn with neonatal abstinence syndrome is very important for those caring for these vulnerable infants and children.

Not all infants/children exposed to substances at birth will have problems. There are several myths associated with NAS. The labels of "ice babies" or "meth babies" are inaccurate due to lack of scientific evidence to support these labels.

The effects of drugs on infants/children will depend upon the amount of drug used and how long the drug was used during the pregnancy. The drug-exposed infant may be at risk for problems later in life, such as speech delay, attention deficit hyperactivity disorder and behavioral problems that may not be clinically present until the child is over age two or even school age.

Signs of drug exposure are not exclusive to a newborn with neonatal abstinence syndrome and may be present in other instances. A detailed history of drug/alcohol used during pregnancy, in addition to stressors and environmental effects is the key to the diagnosis of NAS.

Some babies with NAS may have signs of fussiness or difficulty feeding. As they grow older the symptoms may change. It is important to talk with the member's PCP and get help from an Infant/Toddler Behavioral Health Specialist if needed.

The care plan for newborns with NAS should be made with the infant/child's PCP to make sure appropriate medical needs are met. Care and/or treatment is based on symptoms the infant/child is showing. It's not based on the fact that the child is drug exposed.

It is important that the PCP follows the child closely to monitor growth and development. It is also important to get services from Infant/Toddler Behavioral Health specialists when needed to deal with behavior difficulties.

DCS publishes a brochure titled "Helping Babies with Neonatal Abstinence Syndrome." This brochure contains information and tips on caring for newborns with neonatal abstinence syndrome. You can get the brochure by going to <https://bit.ly/nasbrochure>. You can also call Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for a copy of the brochure, or if you have any questions regarding available services.

Safe sleep for babies

The following are safe sleep guidelines to reduce the risk of Sudden Infant Death Syndrome (SIDS) or Sudden Unexpected Infant Death (SUID) and other sleep related causes of infant death:

- Always place the baby on their back for safe sleeping.
- Use safety-approved crib covered by a fitted sheet.
- No pillows, blankets, sheepskins, or crib bumpers.
- No soft objects, toys, and loose bedding near the baby's sleep area.
- No smoking around the baby.
- Baby should not sleep in an adult bed, on a couch, or on a chair alone or with you.
- Nothing should cover or be near the baby's head.

If you have any questions or for more information on safe sleep for babies visit www.sids.org.

Immunizations/vaccinations (shots)

Immunizations, also known as vaccinations or shots, can keep children and youth from getting sick in the future. Talk with the member's PCP about the immunizations that are needed and when they are needed. You should use an immunization schedule and have the schedule updated when you visit the member's doctor.

Recommended immunization schedules

Caregivers in the State of Arizona are obligated to abide by the statutes governing the health of children placed in out-of-home care. Article 58, of the Arizona Administrative Code, R6-5-5830, Medical and Dental Care, states:

"A caregiver shall arrange for a foster child to have routine medical and dental care, which shall include an annual medical exam, semi-annual dental exams, immunizations and standard medical tests."

Arizona law requires school children and childcare enrollees to be age-appropriately immunized. The exceptions and additions to the rules are:

- Biological parents whose religious beliefs do not allow immunizations must sign a religious exemption.

- The child’s doctor must sign a medical exemption form if there is evidence of immunity or a medical reason why the child cannot receive shots. A copy of the lab results must be kept on file to prove the child’s immunity.

It’s the policy of the Arizona Department of Child Safety (DCS) to comply with article 58 of the Arizona Administrative Code R6-5-5830, Medical and Dental Care for all children placed in out-of-home care. The code states that foster parents cannot impose their vaccine hesitancy beliefs on children in foster care and are not authorized to request a school or child care vaccine exemption for a foster child. Any exception is to be in accordance with Arizona Department Of Health Services’ Immunization Handbook.

Immunization refusals for children placed in out-of-home care are addressed by the DCS Specialist, the Assistant Attorney General and the court of jurisdiction.

Vaccine reactions rarely happen. Serious reactions are very rare. The dangers of not being immunized are far worse than the possibility of a serious reaction.

Vaccines are not just for babies. Children get most of their vaccines between birth and 4-6 years. Teenagers also need vaccines. Talk to the member’s PCP about the vaccines they need.

For more information on vaccines and to review recommended immunization schedules, visit the Centers for Disease Control and Prevention at www.cdc.gov/vaccines/schedules. You can also refer to the AHCCCS AMPM EPSDT Periodicity Schedule. You can also call Mercy Care DCS CHP Member Services for help, at **602-212-4983** or **1-833-711-0776** (TTY 711).

Note: The recommended immunization schedules are sometimes changed by the Centers for Disease Control and Prevention (CDC). Talk about immunizations with the member’s doctor.

Women’s health services

It is very important for sexually active or age-appropriate female members, or members assigned female at birth to get a well-woman exam at least once a year. Well-woman exams help providers to determine the appropriate preventive well-care services. An annual well-woman preventive care visit is intended for the identification of risk factors for disease, identification of existing physical/behavioral health problems, and promotion of healthy lifestyle habits essential to reducing or preventing risk factors for various disease processes.

Benefits of preventive health care

Getting regular check-ups and screenings is an important part of a woman’s health care. These screenings can find problems before you have any signs. Early diagnosis and treatment will generally result in a better outcome. Focusing on preventing disease and illness before they occur will help improve the member’s health and quality of life.

Women’s health services include:

- A physical exam (well exam) that assesses overall health
- PAP smear (when medically required and appropriate for the child’s age)
- Clinical breast exam

- Mammogram (when medically required)
- Vaccinations (including HPV vaccine)
- Screening for sexually transmitted infections
- Screening and counseling for maintaining a healthy lifestyle. This includes, at a minimum, screening for and counseling about:
 - Proper nutrition
 - Physical activity
 - Elevated Body Mass Index (BMI)
 - Tobacco use and/or dependency
 - Substance use and/or dependency
 - Depression screening, interpersonal and domestic violence screening
- Family planning services, supplies and counseling
- Preconception counseling (not including genetic testing)
- Initiation of necessary referrals when need for further evaluation, diagnosis and treatment is identified

The Human Papilloma Virus (HPV) vaccine is covered and recommended for members 9 to 45 years of age. HPV is a common virus, and it can cause cancer of the cervix. Often HPV has no symptoms. This makes it hard for someone to know they have it. It is important that both males and females get the HPV vaccine. They should get the vaccine before they are sexually active.

Well-woman care is available from the PCP and often incorporated into the EPSDT visit or well check.

Female members, or members assigned female at birth, have direct access to preventive and well-care services from a gynecologist (OB/GYN) within the Mercy Care DCS CHP network, without a referral from a primary care provider. There is no copayment or other charge for covered women's preventive care services.

Assistance with scheduling of appointments and transportation

If you need help making a well-woman appointment with the child's provider, please call Mercy Care Member Services at **602-263-3000** or **1-800-624-3879** (TTY 711). Member Services can also help you schedule a ride to your appointment if you need one.

Pregnancy and maternity services

Mercy Care DCS CHP covers maternity services for all members. Maternity services include:

- Identification of pregnancy
- Prenatal care
- Labor and delivery services
- Postpartum care
- Education and prenatal services for the care of pregnancy
- The treatment of pregnancy-related conditions
- Family planning services, supplies, and education
- Prenatal testing including HIV (Human Immunodeficiency Virus) testing and counseling
- Screening for sexually transmitted infections including syphilis at the prenatal visit, the third trimester, and at the time of delivery

If a member thinks they are pregnant, she should make an appointment with the PCP right away. The appointment should be made with the PCP within five (5) days of the notice of possible pregnancy. The PCP can provide the names of Obstetricians (OB) for the member to choose. It's important the member have early and regular prenatal care during pregnancy. Be sure to keep all scheduled appointments during and after pregnancy.

Mercy Care DCS CHP pays for obstetric services. There is no copayment or other charge for covered pregnancy-related services. The OB provider monitors and treats pregnant women during pregnancy. The services include care during pregnancy, the delivery, and post-partum or after-delivery care. It is recommended that members remain with the same OB provider for the entire pregnancy. If a member moves or has to change their OB provider for any reason, efforts are made to ensure communication between the OB providers so there is no interruption in care.

If the member is new to Mercy Care DCS CHP and has already been receiving care from an OB provider, the member can continue to see the same OB provider for care. If the OB provider is not registered with Mercy Care DCS CHP, efforts will be made to register the OB provider with Mercy Care DCS CHP so that the member can continue to see them.

Pregnancy appointments

The OB provider will see the member for regular checkups to make sure pregnancy is going well. Early health care and regular checkups during pregnancy are important to the health of the mother and baby. The standards for appointment times for all pregnant members to see their OB provider are:

- First Trimester (the first 3 months of pregnancy), within 14 calendar days of request
- Second Trimester (the second 3 months of pregnancy), within 7 calendar days of request
- Third Trimester (the last 3 months of pregnancy), within 3 business days of request
- High Risk as expeditiously as the member's health condition requires and no later than 3 business days of identification of high risk by the Contractor or maternity care provider
- Emergency, when a member must be seen immediately because of a crisis, like bleeding, etc.)

After the first visit, a common pregnancy visit schedule is:

- Weeks 4-28: Visit at least every four (4) weeks
- Weeks 29-36: Visit at least every two (2) weeks
- Weeks 37-40: Visit at least every week

Is it preterm labor or actual labor?

If you are unsure if it is actual labor or not, or if you think there may be a problem with the pregnancy, then call the doctor immediately. The doctor visit should happen within three (3) business days of the call or right away if it is an emergency. Call the doctor immediately if any of these symptoms occur. Don't wait for them to go away.

- Discharge, blood, or water leaking from the vagina
- Low, dull backache
- Feel like you're going to start your period (period-like cramping)
- Pelvic pressure (like the baby is pushing down)
- Stomach cramps (you may or may not have diarrhea with this)
- Regular contractions that last for over an hour

Labor

If it is actual labor and a ride to the hospital is needed, call **911**.

Postpartum

It is important for the member to keep all appointments with the OB provider including the post-partum visit. The postpartum visit is extremely important for the health of the birthing mother, and should occur within 1-12 weeks after delivery. Sometimes the provider may want to see the member more than once during this time to make sure they are healing appropriately, to discuss emotions and feelings and to answer any questions. At this visit, the member can also discuss family planning options, services, and supplies with the provider (including immediate postpartum long-acting reversible contraceptives). They can then decide what method best fits their needs.

Make sure to pay attention to these warning signs or symptoms after the baby is born. These symptoms can happen up to a year after having a baby. If any of these symptoms occur, call the doctor right away:

- Headache that won't go away or gets worse over time
- Dizziness or fainting
- The child in your care has thoughts about hurting themselves or the baby
- Changes in their vision
- Fever of 100.4F or higher
- Trouble breathing or fast-beating heart
- Chest pain
- Severe belly pain and/or nausea
- Heavy bleeding (more than one pad/hour)
- Severe swelling, redness or pain in the legs or arms

If you feel like something just isn't right, or aren't sure if it's serious, call their doctor. Be sure to tell them the child in your care was pregnant in the last year. If it is a medical emergency, call **911**.

Prenatal and Postpartum Depression (PPD)

If the new parent in your care is having feelings of sadness that last a long time, are severe and cause them to have problems doing normal daily activities, call their provider right away. They will figure out if the symptoms are caused by postpartum depression (PPD) or something else. PPD is more than "feeling down" or having the "blues." It's not because of something they did or didn't do. It's an illness and needs treatment to get better. If they need to talk to someone because they are having troubling thoughts, contact their provider or nurse right away. **Do not wait to get help.** They can also get behavioral health services from behavioral health providers. You don't need a referral from the doctor.

If you need help getting behavioral health services, you can contact their DCS CHP care manager or Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). For all emergencies, please dial **911**.

Mental Health Hotlines

- Maternal Mental Health Hotline: **1-833-9 HELP4MOMS (1-833-943-5746)**
- Suicide Prevention and Crisis Line: **988**
- Postpartum Support International Warmline: **1-800-944-4773**

Assistance with scheduling of appointments and transportation

If the member needs help making a pregnancy or maternity appointment with their provider, please call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). Member Services can also help you schedule a ride to the appointment if you need one.

Maternal Health Coordinators

Mercy Care DCS CHP Maternal Health Coordinators (MHC) are available to help with needed services for pregnant members. The MHC works with the member and the DCS Specialist or custodial agency representative to ensure the member is getting prenatal care. The MHC ensures the OB provider offers the member the appropriate testing and screening during and after her pregnancy. This includes testing for HIV and screening for depression during and after the pregnancy. The MHC will also follow up with the DCS Specialist or custodial agent. Also, all pregnant members on DCS CHP will be assigned to a nurse care manager with experience in OB care.

Healthy Pregnancy Tips

HIV (Human Immunodeficiency Virus)/AIDS testing and sexually transmitted infection (STI) testing

At the first prenatal visit, the third trimester, and when the baby is delivered, the doctor or nurse will check for infections, such as HIV and sexually transmitted infections, such as syphilis. If the test is positive for HIV or any STI, the doctor can help with treatment and counseling services at no cost to you. The sooner these are diagnosed and treated, the better medicines work. Early treatment can help prevent passing these infections to the baby. Providing medicines early can help children with HIV live longer, healthier lives.

Nutrition and healthy eating: When pregnant, weight gain is usually about 25 to 35 pounds. If a person becomes underweight or overweight while pregnant, the doctor should provide education about ways to reach and stay at a healthy weight. Some examples are:

- Drink at least 10 cups of liquids every day. Eight (8) of these cups of liquids should be water.
- Eat healthy snacks and meals. Instead of eating three (3) big meals a day, try eating five (5) or six (6) small meals and snacks.
- Stay away from foods that are raw such as fish and shellfish, or undercooked eggs, and also soft cheeses, cheeses not made in the United States, unpasteurized milk, and unpasteurized juices.

Physical activity: Physical activity does not have to stop because a person is pregnant, but the type of physical activity may have to change. Talk to the doctor about the level of physical activity that is safe while pregnant.

Getting plenty of sleep: While pregnant, it is common to feel very tired and need more sleep, especially in the first three (3) months of the pregnancy.

Childbirth classes: These classes can help with the pregnancy and delivery. These classes are available at no cost to members. Ask the doctor about available classes or call to sign up for them at the hospital where the baby will be born.

Family planning services and supplies: Ask the doctor about options for family planning services and supplies such as LARC (long-acting reversible contraceptives) and IPLARC (immediate postpartum long-acting reversible contraceptives) before leaving the hospital.

Low birth weight/very low birth weight: Regular prenatal visits are very important. Babies whose mothers visit the doctors during pregnancy are much more likely to be born healthy, at a healthy weight, and to be born full-term. Going to every OB/GYN appointments is one of the best things that can be done to give the baby a healthy start in life.

Elective labor inductions and C-section risks: Scheduling a C-section or inducing labor prior to 39 weeks without a medical need can be dangerous and have risks. Waiting until at least 39 weeks of pregnancy gives the

baby the time they need to grow before being born. Major organs are still growing during that time. Sometimes an induction or C-section is medically needed. If it is, and the doctor will decide if that is the case.

Prenatal vitamins: When pregnant, the body will need extra help, such as certain vitamins and folic acid (a B vitamin). Folic acid (found in prenatal vitamins) should be taken before and during pregnancy to help prevent birth defects of the brain and spinal cord. Take the prenatal vitamins prescribed or recommended by the doctor. Do not stop taking any medicines without talking to the doctor.

Risky behaviors: Smoking cigarettes, e-cigarettes and vapes, drinking alcohol, and using drugs can cause many problems during pregnancy. Quitting can be hard. Be sure to talk to the doctor or seek help from a local treatment center before quitting. There are also other resources available to help, such as ASHLine. For more information, refer to the “Community Resources” section at the back of this handbook.

Prescribed medications and substance use disorders (SUD) during pregnancy: Some prescribed medicines that people take every day are important for their physical and emotional health, even during pregnancy. Opioids are often prescribed by a doctor after an injury or surgery to help take away pain. Taking opioids during pregnancy may cause neonatal abstinence syndrome (NAS). The baby can go through drug withdrawal after birth. Tell the doctor about all medications being taken, even if it is prescribed by another doctor. Babies born with NAS are more likely to have a low birth weight, breathing and feeding problems, and seizures.

Dangers of lead exposure to mother and baby: Lead exposure during pregnancy can cause miscarriage, pre-term birth, low birth weight and developmental delays. Lead poisoning can pass from a pregnant woman to their baby. A person with lead poisoning might look and feel healthy, with no signs of illness, but they still need to be treated. Talk to the doctor about getting a simple blood test used to detect lead poisoning.

Sudden Infant Death Syndrome (SIDS)/ Sudden Unexpected Infant Death (SUID): SIDS/SUID is the sudden and unexplained death of an infant. Babies put on their backs to sleep have less chance of dying from SIDS/SUID. Other ways to prevent this is to put the baby to sleep on a firm surface and to not use fluffy blankets, pillows, stuffed animals, waterbeds, sheepskins, or other soft bedding in the crib.

Breastfeeding: Breastfeeding is the best source of food that a baby can get during their first six months to one year of life. Breastfeeding can help provide immune support for the baby. A breastfeeding education packet is sent out to members once Mercy Care discovers the member is pregnant. The packet provides information, such as when and where to get help, the importance of breastfeeding, how to get started, the effects medicine can have on breastfeeding, and when to return to work or school.

Women, Infants, and Children (WIC): WIC is a program that provides food, breastfeeding education, information about healthy eating, and peer counseling. WIC has been shown to improve birth weight, reduce pre-term deliveries, and improve the weight of babies when they are born. For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care Member Services.

Community-based resources: There are services available to help support a healthy pregnancy and a healthy baby. There are programs such as Women, Infants and Children (WIC), Strong Families AZ home visiting programs, the Arizona Department of Health Services (ADHS) Breastfeeding Hotline, the Birth to Five and Fussy Baby Program Helpline, Arizona Smokers’ Helpline (ASHLine), and more. For more information, refer to the “Community Resources” section at the back of this handbook or call Mercy Care Member Services.

Human Immunodeficiency Virus (HIV) testing

If HIV testing is needed, the member must receive HIV testing counseling from a health care provider or from the local health department. Members 12 years old and older can request and consent for HIV testing. No other approval is needed. Members less than 12 years old must have approval from the caregiver, DCS Specialist or custodial agency representative. Approval can also come from a juvenile justice representative if the member is in the care and custody of Arizona Department of Juvenile Corrections (ADJC) or the Administrative Office of the Court/Juvenile Probation Office (AOC/JPO).

Family planning services and supplies

Family planning services and supplies are administered by Aetna Medicaid Administrators, LLC. These services and supplies are covered at no cost and are available to members of reproductive ages, regardless of gender, who voluntarily choose to delay or prevent pregnancy. You do not have to get a referral before choosing a family planning provider. Family planning services and supplies are often discussed during the EPSDT visit or well-check visit and should be age-appropriate. Members may choose to get family planning services and supplies from any appropriate provider, whether they work with Mercy Care or not. Keeping these appointments will help the provider identify any health conditions and prevent problems before they occur.

Important family planning and safe sex reminders

Abstaining from sex is the best way to avoid infections and pregnancy. Another way to prevent a person from getting pregnant is to use birth control. Physical exams and lab tests may be needed before starting birth control. Regularly scheduled check-up appointments may also be needed. Birth control such as spermicidal foams, jellies, suppositories, or creams may help prevent pregnancy, but they do not protect a person from diseases that they can get from having sex. Condoms may prevent some diseases that people can get by having sex. If sexually active, make sure to get tested for sexually transmitted infections (STIs).

Talk to a healthcare provider about available family planning services and supplies, which include:

- Natural family planning and contraceptive counseling
- Birth control pills
- Emergency oral contraceptives within 72 hours after unprotected sexual intercourse (mifepristone, also known as Mifeprex or RU-486, is not post-coital emergency oral contraception), and
- Injectable contraceptives
- Intrauterine devices (IUDs)
- LARC (long-acting reversible contraceptives)
- IPLARC (immediate postpartum long-acting reversible contraception)
- Vaginal rings
- Subdermal implantable contraceptive (implanted under the skin)
- Foams and suppositories
- Condoms
- Diaphragms
- Testing and treatment for sexually transmitted infections (STIs)
- Pregnancy testing

- Medical and lab exams, including x-rays and ultrasounds related to family planning
- Treatment of complications resulting from contraceptive use, including emergency treatment

The following are **NOT** covered family planning services:

- Infertility services, including diagnostic testing, treatment, or reversal of surgical infertility
- Pregnancy termination counseling
- Pregnancy terminations
- Hysterectomies for the purpose of sterilization

Assistance with scheduling of appointments or transportation

If you need help making a family planning visit appointment, please call Mercy Care Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). Member Services can also help you schedule a ride to the appointment if you need one.

Medically Necessary Pregnancy Terminations

Pregnancy terminations are an AHCCCS covered service only in special situations. AHCCCS covers pregnancy termination if one of the following criteria is present:

1. The pregnant woman suffers from a physical disorder, physical injury, or physical illness including a life-endangering physical condition caused by, or arising from, the pregnancy itself that would, as certified by a physician, place the member in danger of death, unless the pregnancy is terminated.
2. The pregnancy is a result of incest.
3. The pregnancy is a result of rape.
4. The pregnancy termination is medically necessary according to the medical judgment of a licensed physician, who attests that continuation of the pregnancy could reasonably be expected to pose a serious physical or behavioral health problem for the pregnant woman by:
 - a. Creating a serious physical or behavioral health problem for the pregnant woman,
 - b. Seriously impairing a bodily function of the pregnant woman,
 - c. Causing dysfunction of a bodily organ or part of the pregnant woman,
 - d. Exacerbating a health problem of the pregnant woman, or
 - e. Preventing the pregnant woman from obtaining treatment for a health problem.

Dental care

Dental services include comprehensive dental care through primary prevention, early intervention, diagnosis, medically necessary treatment, and follow-up care.

All Mercy Care DCS CHP members must have a full well visit and a dental visit within the first 30 days of removal and placement in out-of-home care.

Dental homes

Mercy Care assigns all members under 21 years of age to a dental home on enrollment. A dental home is where you and a dentist work together to best meet dental health needs. Having a dental home builds trust between the child and the dentist. It is a place where the child can get regular, ongoing care, not just a place to go when there is a dental problem. A “dental home” may be an office or facility where all dental services are provided in

one place. If you have questions about the assigned dental home, you can call Member Services. They can help you with the following:

- Find the name, address and telephone number of the dental home
- Change the dental home provider
- Help you find a different dental home provider that is in-network
- Help you make dental appointments
- Arrange transportation to or from the appointment

Mercy Care DCS CHP members are assigned a Primary Dental Provider (PDP) and Dental Home upon enrollment in Mercy Care DCS CHP. You can choose to change the member's PDP/Dental Home at any time, for any reason.

Some reasons to change a PCP and PDP are:

- If the member moves
- If you or the member do not feel comfortable
- If the office is far from you and the member
- If you or the member don't understand what the PCP/PDP says

If you change the member's PDP, be sure to request an in-network dental provider and also ask the current providers to transfer the member's medical records to the new PDP.

Making, changing, or cancelling dental appointments

If you have questions, need help setting up an appointment or if you need a ride to the appointment, please call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). If you need to make, change or cancel a dental appointment, please call the dental provider 24-48 hours before the appointment. Some providers may attempt to charge a fee for a missed appointment. Arizona law states Mercy Care DCS CHP cannot pay for missed or no-show appointments.

Dental Services

Tooth decay can occur at any age including in the baby teeth, so it is important to start dental care at an early age and continue regularly. Mercy Care DCS CHP members should start dental services by 1 year of age or with the eruption of the first tooth. This early visit is known as a well-baby checkup and establishes a Dental Home for future care. Regular dental checkups should occur every 6 months following the first visit. Two (2) routine preventive dental visits and two (2) cleanings and two (2) fluoride treatments at the dentist are covered per year. Dental checkups include dental cleaning and fluoride treatment to help ensure the long-term health of the child's teeth and gums. Consider scheduling the next dental checkup before leaving the PDP's office.

An oral health screening is part of an EPSDT visit. Members should be assigned to a dental home by six months of age or upon enrollment. Providers can apply fluoride varnish to members who are at least 6 months of age, with at least one tooth eruption.

Members do not need a referral for dental care and can see any dentist listed in the Provider Directory. There is no copayment or other charge for covered dental services and routine preventive dental care.

Emergency dental phone or video visits

Mercy Care members now have access to a dentist 24 hours a day, seven days a week, year-round. You can talk to a dentist by phone or video on your smart device when you need emergency dental care. A dental emergency

may be a chipped or broken tooth, tooth pain, face swelling or bleeding. Teledentistry.com is a simple and convenient option for emergency dental care at no cost to you.

You can use Teledentistry.com:

- Whenever you need immediate dental care
- If your dentist is unavailable
- If you're considering the emergency room or urgent care for a dental concern
- When you don't have a ride arranged to get care

How does Teledentistry.com work?

- Call anytime at **866-302-0905**
- Have your Mercy Care member ID card ready
- Or visit **bit.ly/AZ-teledentistry**
- Follow the prompts to get care

Questions? Email **support@teledentistry.com** or call **866-302-0905**.

Pharmacy services

Prescriptions

If the member needs medicine, the member's doctor will choose one from Mercy Care DCS CHP's list of covered medications (called a formulary) and write a prescription. Mercy Care DCS CHP's list of covered medicines is reviewed and updated regularly by doctors and pharmacists to make sure the member receives safe, effective medicines. If you want a copy of the list, call Mercy Care DCS CHP Member Services or go to our website at **<https://www.MercyCareAZ.org/members/chp-members/pharmacy>** for the most up-to-date list. Some over-the-counter medicines are covered when the doctor write a prescription. Ask the doctor to make sure the medicine is on the Mercy Care DCS CHP list of covered medications.

If the medicine is not on the list of covered medications and the member cannot take any other medicines except the one prescribed, the doctor may ask Mercy Care DCS CHP to make an exception. If you are at a pharmacy and the pharmacy tells you that Mercy Care DCS CHP will not pay for the medication, call Member Services right away. Do not pay out of your own pocket for this medicine. Mercy Care DCS CHP may not be able to pay you back. Some medications have limits or require the doctor to get approval. *See section on Pharmacy Authorizations.*

If the member has other insurance (not Medicare), Mercy Care DCS CHP will pay the copays only if the medication is also on the Mercy Care medication list. The pharmacy should process the prescriptions through Mercy Care DCS CHP. Do not pay any copayments yourself. Mercy Care DCS CHP may not be able to pay you back. *See section on Dual-eligible members: payment for medications.*

Pharmacies

All prescriptions must be filled at a pharmacy in Mercy Care's network. Please note, Walgreens is not a Mercy Care network pharmacy. If you need pharmacy services after hours, on weekends or holidays, some pharmacies are open 24 hours, 7 days a week. You can find a network pharmacy on our website at **www.mercycareaz.org**. Or you can call Member Services for help at **602-212-4983** or **1-833-711-0776** (TTY 711).

If you have any questions or trouble filling a prescription while you are at the pharmacy, you can call Mercy Care DCS CHP. Mercy Care DCS CHP Member Services can help you with the member's prescriptions Monday through Friday from 8 a.m. to 5 p.m. If you have questions or problems outside Mercy Care business hours, you can call the Mercy Care 24-hour Nurse Line at **602-212-4983** or **1-833-711-0776** (TTY 711).

If you are a new member and you have trouble getting medications at a pharmacy, call Mercy Care DCS CHP Member Services. Be sure to have the Notice to Provider ready for Member Services so they can add you to the plan if that is what is needed.

What you need to know about the member's prescription

The member's doctor may give them a prescription for medication. Be sure to let the doctor know about any medications the member gets from another doctor, or non-prescription or herbal medications that you buy. Before you leave the office, ask these questions:

- Why is the member taking this medication? What is it supposed to do for them?
- How should the medicine be taken? When? For how many days?
- What are the side effects of the medication, and what should be done if a side effect happens?
- What will happen if the member does not take this medication?

Carefully read the medication information from the pharmacy when you fill the prescription. It has information on things the member should and should not do and possible side effects of the medication. If you have questions, you should ask the member's pharmacist or prescriber.

e-Prescribing

Many doctors can now electronically send prescriptions directly to pharmacies. This can help save you time and an extra trip to the pharmacy. Ask the doctor if e-Prescribing is an option for the member.

Refills

The label on the member's medication bottle tells you the number of refills the doctor has ordered for the member. If the doctor has ordered refills, you may only get refills one at a time for each prescription. Mercy Care DCS CHP covers up to 30-day supply for medication.

If the doctor has not ordered refills for the member, be sure to call their office at least five (5) days before the member's medicine runs out and talk to them about getting a refill. The doctor may want to see the member before giving you a refill.

Diabetes testing supplies

If the member has diabetes, Mercy Care DCS CHP covers certain blood glucose meters and test strips. The member can see Mercy Care DCS CHP's medication list for meters and test strips that are covered on the formulary at <https://www.mercycareaz.org/members/chp-members/pharmacy>. If the member needs a meter and test strips, ask the doctor to write a prescription for the member. You can pick up the meter and test strips at a pharmacy listed in the Mercy Care DCS CHP Provider Directory.

Specialty pharmacy services

Mercy Care DCS CHP specialty drugs are filled by CVS Specialty Pharmacy. A specialty pharmacy fills drugs and has other services to help the member. The Specialty Drug Program has special services:

- You can talk to a pharmacist 24 hours a day, 7 days a week

- Counseling about the drug and disease
- Coordination of care with the member's doctor
- Delivery of specialty drugs to your home or the member's doctor's office at no cost to you
- You can drop off the member's prescription and pick up the drug at any CVS Pharmacy (including those inside Target stores)

You can call CVS Specialty Pharmacy toll-free at **1-800-237-2767**; TTY: **1-800-863-5488**. CVS Specialty Pharmacy will help you with filling the specialty drug.

Mail order prescriptions

If the member takes medicine for an ongoing health condition, you can have the medicines mailed to your home. Mercy Care DCS CHP works with a company to give you this service. You can get mail order prescription service at no cost to you.

If you choose this option, the member's medicine comes right to your door. You can schedule refills and reach pharmacists if you have questions. Here are some other features of home delivery:

- Pharmacists check each order for safety
- You can order refills by mail, by phone, online, or you can sign up for automatic refills
- You can talk with pharmacists by phone at any time – 24 hours a day, 7 days a week

To request a mail order refill order form call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). You can register online with CVS Caremark at https://www.caremark.com/wps/portal/REGISTER_ONLINE. Once you sign up, you will be able to order refills, renew the member's prescription and check the status of the order.

Exclusive Prescriber Program

Mercy Care DCS CHP has an exclusive prescriber program. This program is to better support members who are taking habit-forming drugs. In large amounts, habit forming drugs can be dangerous. If you have more than one doctor prescribing habit forming drugs, it can hurt the member if the doctors don't talk with each other. The member may be enrolled in the exclusive prescriber program if the member has:

- Been seeking early refills of habit-forming drugs
- Had four (4) or more doctors; and been prescribed four (4) or more different drugs that can be habit forming; and has filled drug prescriptions at four (4) or more drug stores in a three (3) month time period
- Received 12 or more prescriptions of habit-forming drugs in the past three (3) months
- Presented a forged or altered prescription to the drug store
- Been identified by prescription claims from Indian Health Services (IHS) when available
- Been identified by claims to regularly overuse or misuse habit forming drugs
- Pain is not a short-term problem
- Had more than three (3) emergency room (ER) visits in six (6) months for pain, migraines, or lumbago
- Been to the hospital for an overdose within the past six (6) months
- Violated a pain contract or care management agreement related to pain issues
- Asked for more than three (3) PCP changes in the past year
- Reports by the drug store, family or someone else that the member pays cash to get extra medications

Mercy Care DCS CHP will let you know in writing 30 days before the member is enrolled in the exclusive prescriber program. When the member is enrolled in the exclusive prescriber program Mercy Care DCS CHP will assign just one (1) doctor and one (1) pharmacy. This doctor will be responsible for the prescribing and oversight of habit-forming drugs. This pharmacy will be the only pharmacy at which you will be able to fill these drugs. Mercy Care DCS CHP will only pay for habit forming drug prescriptions written by this one (1) doctor and filled at this one (1) pharmacy. This applies to drugs written at discharge from the emergency room or hospital.

We will also work with you and the doctors who order the member's drugs to make sure the member is only taking the drugs they need. This will be in effect for up to a 12-month period. We will review the member's records after 12 months and let you know if the program will be continued. If you do not agree with this decision, you may submit a written request for a State Fair Hearing. If the member is currently receiving treatment for cancer, is in hospice care, resides in a skilled nursing facility for custodial care, or if the member has Medicare, the member shall not be subject to the exclusive prescriber program requirements.

Behavioral health services

Behavioral health issues are the most common health problems reported in children in out-of-home care. If issues are not addressed, problems may arise resulting in long-term effects. Services include Infant/Toddler Behavior Health services as well as services for older children and teens. Members receive behavioral health coverage through Mercy Care DCS CHP.

Referral process for obtaining an SED

The Serious Emotional Disturbance (SED) designation process applies to individuals up to age 18. In the past year the individuals will need to have met criteria for a mental disorder and display functional impairment that substantially interferes or limits their functioning in a family, school, employment, or community environment.

Effective October 1, 2023, to be eligible for an SED determination an individual must have a qualifying diagnosis and functional impairment caused by the qualifying diagnosis. The process includes:

1. An evaluation with a qualified clinician that occurs no later than seven (7) business days after a request is made, unless there is a current (less than six months old) evaluation that supports the qualifying diagnosis and functional impairment.
2. The qualified clinician sends the required paperwork (assessment) to Solari, Inc.
3. Solari completes the determination within three (3), 20, or 60 days, depending on the individual's case.
4. Solari will send a written notice to the individual with the results of the eligibility determination and information on how to receive services (when applicable). Solari will also notify AHCCCS and/or the Tribal Regional Health Authority (TRBHA), Tribal Arizona Long Term Care System (ALTCS) Case Manager, the appropriate ACC-RBHA health plan, and the member's provider.

For more information about getting a SED designation, you can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). You can also call Solari Crisis and Human Services at **602-845-3594** or **1-855-832-2866**.

Referral process for obtaining a SMI designation

A Serious mental illness (SMI) is a description used in Arizona for people who need additional support because their mental health impacts their ability to function. Additional services available to those who have a SMI

designation can include housing, help from human rights advocates, case management, Assertive Community Treatment (ACT) and more.

The SMI diagnoses considered are:

- Psychotic disorders
- Bipolar disorders
- Obsessive-compulsive disorders
- Depressive disorder
- Mood disorders
- Anxiety disorder
- Post-Traumatic Stress Disorder (PTSD)
- Personality disorders
- Dissociative Disorder

To be eligible for SMI services, a person must have both an SMI qualifying condition and functional impairment caused by the qualifying condition. Providers are required to screen individuals for potential SMI. Adults receiving general mental health or substance use services must be regularly screened for SMI. Transition aged youth (TAY) may be screened as part of their transition into adulthood. Members that do not have a CFT or a Children's Provider can call Mercy Care DCS CHP Member Services to set up an SMI determination screening.

A member's guardian or legal representative can also make the request. If a hospital requests an evaluation, it is considered an Urgent Referral and the contracted provider will go out within 24 hours to do the evaluation.

Members must be at least 17 and a half years of age to have a SMI evaluation. SMI evaluations must be completed within 7 business days of the SMI determination referral request. Providers then send their SMI evaluation packets to Solari Crisis and Human Services. Solari Crisis and Human Services reviews all applications for SMI services and makes the final SMI determination. Solari Crisis and Human Services makes its determinations about eligibility for SMI services by following the state's guidelines/criteria. Members will be sent a written notice of the SMI determination decision within three business days of the initial assessment. The written notice will include information about the member's right to appeal the decision. For more information about getting a Serious Mental Illness (SMI) designation, you can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). You can also call Solari Crisis and Human Services at **602-845-3594** or **1-855-832-2866**.

Emotional and behavioral needs

We're here to help you and the children in your care. Our behavioral health services are designed to meet the needs of children and their families. We want to help the child and the whole family thrive. We believe that treating the whole child is one of the keys to achieving that goal. Mercy Care DCS CHP allows you and the member to choose the child's health care providers. We work with you and the child to find someone who fits the child's health and wellness goals.

Being removed from their home and placed in foster care is difficult and can be a traumatic experience for any child. Many children are placed in foster care due to some form of serious abuse or neglect. Research tells us that children in foster care often have emotional, behavioral or developmental problems. Physical health problems are also common. These problems and behaviors can appear suddenly or occur over time. If you notice a child in your care showing problem behaviors, they may need professional behavioral health support. It's important to report any of these behaviors to the behavioral health provider and the DCS Specialist.

Children suffering from traumatic stress symptoms generally have difficulty regulating their behaviors and emotions. They may be clingy and fearful of new situations, easily frightened, difficult to console, and/or aggressive and impulsive. They may also have difficulty sleeping and show regression in functioning and behavior.

In regard to forming healthy attachments, traumatized children feel that the world is uncertain and unpredictable. Their relationships can be characterized by problems with boundaries as well as distrust and suspiciousness. As a result, children that have experienced trauma can become socially isolated and have difficulty relating to and empathizing with others.

How parents/caregivers can help

Research on resilience in children demonstrates that an essential support needed for children to develop self-care skills and confidence is the reliable presence of a caring, and protective parent/caregiver who can help shield children against difficult experiences. They can be a consistent resource for children in their care, encouraging them to talk about the experiences. And they can provide reassurance to the children that the adults in their life are working to keep them safe.

Behavioral health services include, but are not limited to:

- Behavior management (behavioral health personal assistance, family support, home care training, self-help, peer support)
- Behavioral health case management services (limited)
- Behavioral health nursing services
- Behavioral health residential facilities/BHRFs (previously called Therapeutic Group Homes or TGHs)
- Behavior health therapeutic home care services through Therapeutic Foster Care
- Emergency behavioral health care
- Emergency and non-emergency transportation
- Evaluation and assessment
- Individual, group, and family therapy and counseling
- Inpatient hospital services
- Non-hospital inpatient psychiatric facilities (Behavioral Health Inpatient Facilities/BHIFs previously called residential treatment centers or RTCs)
- Laboratory and radiology services for psychotropic medication regulation and diagnosis
- Opioid agonist treatment
- Psychosocial rehabilitation (living skills training, health promotion, supported employment services)
- Psychotropic medication, adjustment and monitoring
- Respite care
- Substance use services
- Behavioral health screening

The child's PCP may be able to help if the child has depression, anxiety, attention deficit hyperactivity disorder (ADHD), or opioid use concerns. PCPs may give the child medicine, watch how the medicine is working and order different tests to determine the best course of action to address the child's condition. If you would like the child's PCP to help if you feel the child has depression, anxiety, ADHD, or opioid use concerns, you should call the child's PCP directly.

You do not need a referral from the child's PCP for behavioral health services. If you would like behavioral health services, call the behavioral health provider directly to set up an appointment. You can also call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for help with finding a behavioral health provider.

Navigating the behavioral health system

Behavioral health services are always recommended for children placed in out-of-home care to address their behavioral issues. This is especially important for children under six years of age. It is best practice to have a behavioral health medical professional assess, evaluate, and monitor the unique behavioral health needs of children placed in out-of-home care.

Behavioral Health: Integrated Rapid Response Assessment and on-going Behavioral Health Care

All Mercy Care DCS CHP members have experienced trauma and should receive an Integrated Rapid Response Assessment from a behavioral health provider within 72 hours of notification from DCS of removal and placement into out-of-home care. This assessment evaluates the member for any acute behavioral health or physical health needs they may have and identifies supports for the caregiver to address immediate needs. The provider assists with selecting a PCP and helping to arrange an initial appointment if needed. The provider will make sure that there is follow up by an ongoing behavioral health team to support the member and out-of-home caregiver.

Foster Care Hotline

If a behavioral health provider has not called you to make an appointment to arrange for an Integrated Rapid Response service within 24 hours after the member enters out-of-home care, call the Solari Foster Care Line at **602-633-0763**.

All Mercy Care DCS CHP members must receive behavioral health services through a Behavioral Health Home Clinic (BHH). Mercy Care DCS CHP requests that the appointment with the Integrated Rapid Response Team be arranged and ongoing Behavioral Health services occur within the timeframes listed below.

Behavioral health appointments for persons in legal custody of the Department of Child Safety (DCS) and adopted children:

- Integrated Rapid Response Assessment (IRRA) – To be completed no later than 72 hours after notification by DCS that a child has been removed from their home.
- Initial assessment – within seven calendar days after the initial referral or request for behavioral health services (unless completed at the IRRA).
- Initial appointment – within time frames indicated by clinical need, but no later than 21 calendar days after the initial assessment/intake.
- Ongoing behavioral health services – within the time frames according to the needs of the child, but no longer than 21 calendar days from the identification of need.

If clinically necessary services aren't provided within 21 calendar days after an intake assessment or 21 calendar days from the identification of need from the child and family team, the out-of-home caregiver (e.g., foster parent, kinship or group home) should call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). Or, you can email the Mercy Care Children's Services Liaison at **DCS@MercyCareAZ.org** or call **480-751-8471**. You should also reach out to the AHCCCS Clinical Resolution Unit line at **602-364-4558** or **dcs@azhcccs.gov**. The caregiver may then call any AHCCCS-registered providers directly, whether or not they are a part of the Mercy Care DCS CHP provider network, to schedule an appointment.

You can find information about Behavioral Health services and more contacts on the AHCCCS website at **www.azahcccs.gov/Members/AlreadyCovered/MemberResources/Foster**.

Building a clinical team

During the Integrated Rapid Response Assessment, the clinician will assist in connecting the member to a Primary Care Physician, Behavioral Health Home or an Integrated Health Home. After the child in your care becomes connected to a Behavioral Health Home, you will develop a “team” to help you identify the child’s behavioral health needs and get behavioral health services. We call these clinical teams, more specifically, Child and Family Teams (CFT).

You can choose a behavioral health clinic. Mercy Care DCS CHP can also assign you to a clinic. The clinic is where the child receives primary outpatient mental health services. Some clinics also offer physical health care. At the initial appointment, you can work with the DCS specialist to help determine who you want on the child’s clinical team. The team will work with the child on their goals. They will provide ongoing assessment and service planning. The members of the team will depend on the behavioral health professionals working with the child. Teams can include family members, guardians, friends, clergy and other supportive people from the community. Many times, the assessment that’s done at the first appointment won’t be complete. You’ll be working with members of the child’s team to continue that assessment process. This allows the child and the child’s team to always review progress and needs so that they get the best care. The treatment plan, also called an Individual Service Plan (ISP), should include all the services that the child needs, such as housing, support services, counseling, and transportation. The team should update the plan at least once a year, according to the child’s needs.

Child and family team

The Child and Family Team (CFT) is a defined group of people. It includes, at a minimum, the child, DCS Specialist and the caregiver, a behavioral health representative and any individuals important in the child’s life identified and invited to participate by the child and family. This may include, for example, teachers, extended family members, friends, family support partners, health care providers, coaches, community resource providers, and representatives from religious affiliations. It can also include representatives from other service systems like Juvenile Probation or Division of Developmental Disabilities (DDD). The size, scope and intensity of involvement of the team members are determined by the goal established for the child, the needs of the family in providing for the child and the resources needed to develop an effective service plan. People can join or leave the team, as needed, to make sure the child gets the best care.

Mercy Care DCS CHP members are eligible for behavioral health services, which include drug and alcohol use services. Mercy Care DCS CHP Member ID cards have a phone number to access behavioral health and substance use services.

Transition Age Youth

For youth who are age 17 and will be transitioning to the adult system of care, Mercy Care DCS CHP Children System Providers will coordinate with the Adult System providers and the DCS Specialist to transition members to the appropriate ongoing clinical services, as applicable. The Provider, young adults, caregiver and DCS Specialist and CFT will develop transition plans. The following Transition Domains should be considered when developing transition plans:

- Employment and career
- Personal effectiveness and wellbeing
- Educational opportunities
- Living situation
- Community life functioning

Connecting you to the right care

The foundation of our children’s system of care is based on the Arizona Vision and 12 Principles.

Arizona's Vision for the Delivery of Behavioral Health Services

All behavioral health services are delivered according to the following system principles. AHCCCS supports administration of a behavioral health delivery system that is consistent with AHCCCS values, principles, and goals:

1. Timely access to care,
2. Culturally competent and linguistically appropriate,
3. Promotion of evidence-based practices through innovation,
4. Expectation for continuous quality improvement,
5. Engagement of member and family members at all system levels, and
6. Collaboration with the greater community.

The 12 Principles for the Delivery of Services to Children:

1. Collaboration with the child and family:
 - a. Respect for and active collaboration with the child and parents is the cornerstone to achieving positive behavioral health outcomes, and
 - b. Parents and children are treated as partners in the assessment process, and the planning, delivery, and evaluation of behavioral health services, and their preferences are taken seriously.
2. Functional outcomes:
 - a. Behavioral health services are designed and implemented to aid children to achieve success in school, live with their families, avoid delinquency, and become stable and productive adults, and
 - b. Implementation of the behavioral health services plan stabilizes the child's condition and minimizes safety risks.
3. Collaboration with others:
 - a. When children have multi-agency, multi-system involvement, a joint assessment is developed and a jointly established behavioral health services plan is collaboratively implemented,
 - b. Client-centered teams plan and deliver services,
 - c. Each child's team includes the child and parents and any foster parents, any individual important in the child's life who is invited to participate by the child or parents. The team also includes all other persons needed to develop an effective plan, including, as appropriate, the child's teacher, the child's Division of Child Safety (DCS) and/or Division of Developmental Disabilities (DDD) caseworker, and the child's probation officer, and
 - d. The team:
 - i. Develops a common assessment of the child's and family's strengths and needs,
 - ii. Develops an individualized service plan,
 - iii. Monitors implementation of the plan, and
 - iv. Makes adjustments in the plan if it is not succeeding.
4. Accessible services:
 - a. Children have access to a comprehensive array of behavioral health services, sufficient to ensure that they receive the treatment they need,
 - b. Case management is provided as needed,
 - c. Behavioral health service plans identify transportation the parents and child need to access behavioral health services, and how transportation assistance will be provided, and
 - d. Behavioral health services are adapted or created when they are needed but not available.

5. Best practices:
 - a. Behavioral health services are provided by competent individuals who are trained and supervised,
 - b. Behavioral health services are delivered in accordance with guidelines that incorporate evidence-based “best practices”,
 - c. Behavioral health service plans identify and appropriately address behavioral symptoms that are related to: learning disorders, substance use problems, specialized behavioral health needs of children who are developmentally disabled, history of trauma (e.g., abuse or neglect) or traumatic events (e.g., death of a family member or natural disaster), maladaptive sexual behavior, abusive conduct, and risky behaviors. Service plans shall also address the need for stability and promotion of permanency in class members’ lives, especially class members in foster care, and
 - d. Behavioral health services are continuously evaluated and modified if ineffective in achieving desired outcomes.

6. Most appropriate setting:
 - a. Children are provided behavioral health services in their home and community to the extent possible, and
 - b. Behavioral health services are provided in the most integrated setting appropriate to the child’s needs. When provided in a residential setting, the setting is the most integrated and most home-like setting that is appropriate to the child’s needs.

7. Timeliness:
 - a. Children identified as needing behavioral health services are assessed and served promptly.

8. Services tailored to the child and family:
 - a. The unique strengths and needs of children and their families dictate the type, mix, and intensity of behavioral health services provided, and
 - b. Parents and children are encouraged and assisted to articulate their own strengths and needs, the goals they are seeking, and what services they think are required to meet these goals.

9. Stability:
 - a. Behavioral health service plans strive to minimize multiple placements,
 - b. Service plans identify whether a class member is at risk of experiencing a placement disruption and, if so, identify the steps to be taken to minimize or eliminate the risk,
 - c. Behavioral health service plans anticipate crises that might develop and include specific strategies and services that will be employed if a crisis develops,
 - d. In responding to crises, the behavioral health system uses all appropriate behavioral health services to help the child remain at home, minimize placement disruptions, and avoid the inappropriate use of the police and the criminal justice system, and
 - e. Behavioral health service plans anticipate and appropriately plan for transitions in children’s lives, including transitions to new schools and new placements, and transitions to adult services.

10. Respect for the child and family’s unique cultural heritage:
 - a. Behavioral health services are provided in a manner that respects the cultural tradition and heritage of the child and family, and
 - b. Services are provided in Spanish to children and parents whose primary language is Spanish.

11. Independence:

- a. Behavioral health services include support and training for parents in meeting their child's behavioral health needs, and support and training for children in self-management, and
- b. Behavioral health service plans identify parents' and children's need for training and support to participate as partners in the assessment process, and in the planning, delivery, and evaluation of services, and provide that such training and support, including transportation assistance, advance discussions, and help with understanding written materials, will be made available.

12. Connection to natural supports:

- a. The behavioral health system identifies and appropriately utilizes natural supports available from the child and parents' own network of associates, including friends and neighbors, and from community organizations, including service and religious organizations.

Behavioral Health Information and Privacy

There are laws about who can see the member's behavioral health information with or without permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without written permission.

At times, permission is not needed to share your behavioral health information to help arrange and pay for the child's care. These times could include the sharing of information with:

- Physicians and other agencies providing health, social, or welfare services
- The member's medical and behavioral health providers
- Certain state agencies involved in the member's care and treatment, as needed
- Members of the clinical team involved in the member's care

At other times, it may be helpful to share the member's behavioral health information with other agencies, such as schools. Written permission may be required before the member's information is shared.

A foster parent, group home staff or other person or agency in whose care the child has been placed by the Department of Child Safety (DCS) can consent to evaluation and treatment for routine medical and dental treatment and procedures, including behavioral health services.

Examples of behavioral health services to which out-of-home caregivers can give consent include:

- Assessment and service planning
- Counseling and therapy
- Rehabilitation services
- Medical Services
- Psychiatric evaluation
- Most psychotropic medication
- Laboratory services
- Support services
- Case management
- Family support
- Respite
- Sign language or oral interpretation services

- Transportation
- Crisis intervention services

DCS must consent to inpatient psychiatric acute care services, Behavioral Health Inpatient Facility (BHIF), Behavioral Health Residential Facility (BHRF) and Therapeutic Foster Care (TFC). If someone other than the child’s guardian intends to provide informed consent to treatment, the following documentation must be obtained and filed in the child’s comprehensive clinical record:

Individual/Entity	Documentation
Legal guardian	Copy of the court order assigning custody
Relative	Copy of power or attorney document
Other person/agency	Copy of court order assigning custody
DCS Placements (for children removed from the home by DCS), such as: Foster parents/Group home staff/Foster home staff/ Relatives/Other person/agency in whose care DES/ DCS has placed the child	Copy of Notice to Provider – Educational and Medical (DCS Form FC-069)

Youth assent to treatment

Youth under the age of 18 are to be educated on options, allowed to provide input, and encouraged to assent to medication(s) being prescribed. Information is discussed with the youth in a clear and age-appropriate manner consistent with the developmental needs of the youth. The information to be shared shall be consistent with the information shared in obtaining informed consent from adults. Discussion of the youth’s ability to give consent for medications at the age of 18 years old is begun no later than age 17½ years old, especially for youth who are not in the custody of their parents.

For persons under 18 years of age, the youth is encouraged to assent or agree to the medication, but the youth’s guardian or parent has the final say in consent for the use of medication.

**Youth can seek reproductive treatment on their own and Youth 12 years and older can seek substance use treatment on their own.*

Children’s Rehabilitative Services (CRS)

What is CRS?

Children’s Rehabilitative Services (CRS) is a designation given to certain AHCCCS members who have qualifying health conditions. Members with a CRS designation can get the same AHCCCS covered services as non-CRS AHCCCS members. They can get care in the community, or in clinics called Multispecialty Interdisciplinary Clinics (MSIC). MSICs bring many specialty providers together in one place. Mercy Care DCS CHP will help a member with a CRS designation with closer care coordination and monitoring to make sure providers meet their special healthcare needs. AHCCCS Division of Member Services (DMS) determines eligibility for a CRS designation.

Multispecialty Interdisciplinary Clinics

Central Region

DMG (District Medical Group) Children's Rehabilitative Services

- Behavioral health
- Cardiology
- Dental health
- Endocrinology
- Ears, nose and throat (ENT)
- Gastroenterology
- Genetics
- Nephrology
- Neurology
- Neurosurgery
- Ophthalmology
- Orthopedics
- Plastic surgery
- Primary care
- Pulmonology
- Rheumatology
- Urology

DMG Children's
Rehabilitative Services
3141 N. 3rd Ave., Ste. 100
Phoenix, AZ 85013
602-914-1520 or **1-855-598-1871**
<https://www.dmgcrs.org>

South Region

Children's Clinics for Rehabilitative Services

- Primary care services
- Expanded behavioral health services
- Specialty care, including:
 - Anesthesia
 - Behavior analysis/psychology
 - Cardiology
 - Dental and orthodontia
 - Development pediatrics
 - Endocrinology
 - Ear, nose and throat (ENT)
 - Gastroenterology
 - Genetics
 - Hematology
 - Nephrology
 - Neurology
 - Neurosurgery
 - Orthopedics
 - Ophthalmology
 - Optometry
 - Pediatrician (PCP)
 - Pediatric dermatology
 - Pediatric palliative care
 - Pediatric surgery
 - Physical medicine
 - Plastic surgery
 - Pulmonology
 - Rheumatology
 - Urology

Children's Clinics Square &
Compass Building 2600 N. Wyatt Dr.
Tucson, AZ 85712
520-324-5437 or **1-800-231-8261**
www.childrensclinics.org

North Region

Children's Rehabilitative Services at Flagstaff Regional Medical Center

- Specialty care, including:
 - Audiology
 - Endocrinology
 - Gastroenterology
 - Orthopedics
 - Physical therapy
 - Speech therapy
 - Urology
 - Wheelchair/seating

Children's Rehabilitative Services
1215 N. Beaver St.
Flagstaff, AZ 86001
928-773-2054 or **1-800-232-1018**
<https://nahealth.com/childrens-health-center>

Southwest Region

Yuma Regional Medical Center Children's Rehabilitative Services

- Specialty care, including:
 - Audiology
 - Behavioral health
 - Cardiology
 - Comprehensive assessments
 - Craniofacial (Cleft Lip & Palate)
 - Ear, nose and throat
 - Endocrinology
 - Gastroenterology
 - Nephrology
 - Neurology
 - Nutrition
 - Ophthalmology
 - Orthopedic
 - Physical therapy
 - Psychiatry
 - Speech therapy
 - Urology
- Wheelchair Services

Children's Rehabilitative Services

Tuscany Medical Plaza
2851 S. Avenue B, Bldg. 25
Yuma, AZ 85364

928-336-2777

**[https://www.yumaregional.org/
Medical-Services](https://www.yumaregional.org/Medical-Services)**

To make, change or cancel the member's appointment at the MSIC, you should call the member's assigned MSIC who will be able to help you.

Who is Eligible for a CRS Designation?

AHCCCS members may be eligible for a CRS designation when they are:

- Under age 21; and
- Have a qualifying CRS medical condition

The medical condition must:

- Require active treatment; and
- Be found by AHCCCS DMS to meet criteria as specified in R9-22-1301-1305.

Anyone can fill out a CRS application including a family member, doctor or health plan representative. To apply for a CRS designation, you can mail or fax:

- A completed CRS application; and
- Medical documentation that supports that the applicant has a CRS qualifying condition that requires active treatment.

Mail the documentation to:

Mercy Care DCS CHP
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

You can fax documentation to:

Mercy Care DCS CHP Member Services
Fax: **1-844-424-3975**

Mercy Care DCS CHP will provide medically necessary care for physical and health services and care for the CRS condition.

Mercy Care DCS CHP is responsible for screening, evaluating, and providing medical treatment and rehabilitation for members under the age of 18 with a Children's Rehabilitative Services (CRS) qualifying chronic and disabling condition(s) as defined in A.A.C. R9-22-1303. Members must also be AHCCCS (Title 19) eligible to receive specialty care services.

Some CRS qualifying conditions include:

- Spina bifida
- Heart conditions due to congenital defects/deformities
- Cerebral palsy
- Certain birth defects, cleft lip and/or palate
- Club feet
- Dislocated hips
- Metabolic disorders
- Muscle and nerve disorders
- Neurofibromatosis
- Sickle Cell Anemia

When a member with a possible CRS qualifying condition is known, Mercy Care DCS CHP completes the CRS application process with the DCS Specialist or custodial agency representative. Evaluation and treatment for the member's CRS qualifying condition, and all other health care services, will be provided by Mercy Care DCS CHP.

Members with CRS qualifying diagnosis(es) are assigned to a Multi-Specialty Interdisciplinary Clinic (MSIC). MSICs are facilities where multiple providers in primary care, specialty care and behavioral health can meet with members and provide interdisciplinary services at the same location and appointment. The MSIC is where all the specialists can evaluate the member in a coordinated manner to provide the best care. At the MSIC, you can meet face-to-face with the member's care team and receive medical services.

The services offered by MSICs include:

- Audiology for hearing and balance disorders
- Cardiology for heart conditions due to congenital defects
- Endocrinology for hormone conditions and hormone related diseases
- ENT for conditions of the ear, nose and throat
- Gastroenterology for conditions of the digestive tract
- Genetics for conditions that can cause hereditary problems
- Nephrology for conditions that affect the kidneys
- Neurology for conditions that affect the brain, spine and nerves
- Neurosurgery for surgical care for conditions that affect the brain, spine and nerves
- Nutrition for counseling on nutrients in food and how the body uses nutrients
- Occupational therapy for specialized help that supports independence with everyday activities
- Ophthalmology for conditions that affect the health and structure of the eye
- Orthopedics for conditions involving musculoskeletal system including congenital disorders
- Pediatric surgery for infants, children and adolescents
- Physical therapy for movement, exercise and massage that promote flexibility and function
- Plastic surgery for surgical reconstruction or repair of body part to improve function
- Psychology for study of the mind and behavior
- Psychiatry for specialty care of behavioral health conditions including the use of medication

- Rheumatology for conditions involving joints, muscles and ligaments such as arthritis
- Scoliosis for condition that involves the spine curving to a specific side or degree
- Speech and language therapy for rehabilitation of a person's use of language, feeding/swallow
- Urology for conditions involving urinary tract
- Child Life Specialists to promote coping skills through play for children and families dealing with hospitalization, illness or medical procedure
- Patient and family services including social workers and patient advocates to provide members and their families with support, information and community resources

Member councils

Would you like to serve on a Mercy Care committee? Recruitment is open! We're looking for interested members, peers, youth, family members and community stakeholders. You can choose from several different committees. All committee members play an important role in guiding how we serve the community and how we provide care. You'll also help us come up with ways to improve services for members.

Governance Committee

Receives feedback from all other committees to evaluate contract performance. Carries out strategic direction of the board.

Member Advocacy Committee

Serves as the voice of the member receiving physical and/or behavioral health services. This is a committee to discuss accessing services and evaluates program needs from a member's perspective.

Cultural and Linguistically Appropriate Services/ Cultural Competency

Makes sure CLAS standards are met. Establishes outreach strategies to increase access of services for at risk populations.

Youth Leadership Council

Brings youth from various backgrounds together to talk about care issues and outreach opportunities.

Foster, Adoptive Kinship Care Workgroup

Provides guidance and expertise on the needs and communication methods to foster/adoptive/kinship families and group homes on the provision of behavioral health services to children involved with child welfare and/or those who have been adopted.

If you're interested in serving on a Mercy Care council or committee, email OIFATeam@MercyCareAZ.org. You can also write to Mercy Care OIFA at:

Mercy Care Committees
Attn: OIFA
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Prior authorization process

A Prior Authorization (PA) is when a provider calls Mercy Care DCS CHP for approval to provide special services. It's up to the health care provider to get a PA from Mercy Care DCS CHP. Mercy Care DCS CHP reviews the service request from the member's provider. The provider will tell you if the member's service is approved. The child's custodial agency (or DCS) receives all written notifications within the time frames indicated. There may be times when Mercy Care DCS CHP doesn't have a network provider who can treat the child's condition or who is located a reasonable distance from your home. When this happens, out-of-network services are covered if you get prior authorization.

Normal authorization decisions are made within 14 calendar days from the date the request is received. Extensions of up to 14 calendar days can be granted if it is in the member's best interest. For example, we may be waiting to receive the member's medical records from their doctor. Instead of making a decision without those records, we may ask the child's custodial agency (or DCS) if it's okay to get more time to receive the records. That way, the decision can be made with the best information. We will send the child's custodial agency (or DCS) a letter asking for the extension.

Expedited (rush) decisions in urgent, life-threatening situations are made within 72 hours following the receipt of the authorization request unless an extension is in effect.

If the service has been denied, Mercy Care DCS CHP will send the DCS Specialist or custodial agency representative a letter called a Notice of Adverse Benefit Determination (NOA). You have the right to appeal the decision (see *Member Complaints* section of this handbook).

You can review a list of services that require prior authorization on the Mercy Care DCS CHP website at www.MercyCareAZ.org.

For more information on the PA process or to request the criteria used to make a PA decision, you can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Pharmacy authorizations

If the member's provider makes a new request for a medicine that requires prior authorization, is not on the formulary, or has other limits, a decision will be made no later than 24 hours from when we receive the request for prior authorization. If the request lacks enough information to make a decision for the medication, Mercy Care DCS CHP will send a request for additional information to the member's provider no later than 24 hours from when we receive the request. If the request lacks enough information to make a decision for the medicine, Mercy Care DCS CHP will issue a final decision no later than seven (7) working days from the initial date of the request.

Notice of Adverse Benefit Determination

When a service or medicine that you are already receiving or have requested is not approved (denial), we will send the DCS Specialist or custodial agency representative, you and the member's provider a written notification called a Notice of Adverse Benefit Determination. There are specific time frames when you will receive a Notice of Adverse Benefit Determination. The child's custodial agency (or DCS) receives all written notifications within the time frames indicated.

- If you or the member's provider make a new request for a service, the child's custodial agency (or DCS) will receive notification within 14 calendar days (if urgent, the child's custodial agency (or DCS) will receive the notification within 72 hours following the receipt of the authorization request).

- If a service that the member is already receiving is reduced, suspended or ended, the child’s custodial agency (or DCS) will receive a Notice of Adverse Benefit Determination 10 calendar days before the change occurs.
- If the member’s provider makes a request for medication, the child’s custodial agency (or DCS) will receive a notification within 24 hours.

The Notice of Adverse Benefit Determination letter lets the child’s custodial agency (or DCS) know:

- What action was taken and the reason
- The right to file an appeal and how to do it
- The right to ask for a fair hearing with AHCCCS and how to do it
- The right to ask for an expedited resolution and how to do it
- The right to ask that your benefits continue during your appeal, how to do it and when you may have to pay the costs for the services
- The have the right to request an extension to give us information to help us make a decision

If the child’s custodial agency (or DCS) receives a Notice of Adverse Benefit Determination letter that does not tell them what they asked for, what we decided, or the reason why, the child’s custodial agency (or DCS) can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). We will look at the letter and, if needed, write a new letter that better explains the services and the action.

If the Notice of Adverse Benefit Determination letter does not fully address the child’s custodial agency (or DCS) concerns, you or the child’s custodial agency can email AHCCCS Medical Management at **MedicalManagement@azahcccs.gov**.

The child’s custodial agency (or DCS) has the right to receive a reply from Mercy Care DCS CHP within 30 calendar days of a request for a copy of the records. The response may be a copy of the record or a written denial. A written denial will include the reason for the denial and information about how to seek review of the denial. Member Services can tell you or the child’s custodial agency about how Mercy Care DCS CHP makes these decisions. You can also ask Member Services to mail you a list of criteria. You can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Prior Approval for an Out-of-Network Provider

We recommend that you use providers registered with AHCCCS and Mercy Care DCS CHP. You can review a list of those providers from our Provider Network located on the Mercy Care website at **www.MercyCareAZ.org**.

The member has the right to choose a primary care provider (PCP) and primary dental provider (PDP) within the limits of the provider network, and choose other providers as needed from among those affiliated with the network; this also includes the right to refuse care from specified providers.

There may be times when the member needs care from a provider not listed on our network. If the member would like to see a provider not registered with Mercy Care DCS CHP or AHCCCS, call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). We will call the health care provider with information about the registration process.

Getting bills for services

You do not have to pay copayments for covered Mercy Care DCS CHP services

When can you be billed for services?

Talk to the member's doctor about payment options before getting any health care services that are not covered. Remember, if you ask for a service that is not a covered benefit and you sign a statement agreeing to pay the bill, you will have to pay the bill.

What if you get a bill for services?

If the member receives a bill for a covered service:

- **Do not pay the bill yourself**
- Call the provider right away
- Give them the member's insurance information and Mercy Care DCS CHP's address

Mercy Care
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
www.MercyCareAZ.org

If you still get bills after giving the provider the member's health care information, you should call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for help.

Other health insurance

If the member has other health insurance, including Medicare, you should call Mercy Care DCS CHP Member Services and tell us so we can work with the other insurance company. You can reach Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711). Here are some important things to know:

- Always give pharmacies, doctors and hospitals the member's other health insurance information as well as their Mercy Care DCS CHP information.
- The member's other health insurance pays for their health care expenses FIRST. After they pay, Mercy Care DCS CHP will pay its part. Call Mercy Care DCS CHP Member Services and provide the name, address and phone number of the member's primary insurance provider.
- Choose a PCP who works with both health plans if possible. This will help us coordinate payments.
- If a doctor is not part of the Mercy Care DCS CHP provider network, we may still be able to help with copayments for services that are covered by AHCCCS if the doctor gets a Mercy Care DCS CHP prior authorization number. We will pay copayments to the doctor.
- Do not pay the member's other insurance's copayment amount yourself. Ask the member's doctor to bill Mercy Care DCS CHP for the co-pay amount.
- Before the member receives any health care services, show the doctor or hospital the member's Mercy Care DCS CHP member ID card and tell them about the other health insurance. This will help the doctor know where to send the member's claims.
- If the member is involved in an accident and gets treatment for their injuries, you must report it to Mercy Care DCS CHP Member Services and the member's custodial agency representative.
- Be sure to tell the member's PCP about all of the health care services they receive.

Medicare copayments, coinsurance and deductibles

If you have Medicare, Qualified Medicare Beneficiary (QMB) or Medicare HMO, they will pay for your services first. Mercy Care DCS CHP will share in the cost for AHCCCS covered services and for certain Medicare services not covered by AHCCCS. Mercy Care DCS CHP will pay your coinsurance, deductible or copayment amounts to your doctor. Do not pay your copayments yourself. Ask your doctor to bill Mercy Care DCS CHP for these copayments.

Please note, if you have Medicare, you are responsible for your pharmacy copayments for Medicare Part D. Unless you have an emergency, if you choose to go to another provider who is not one of the Mercy Care approved doctors found in your Provider Directory, or not with your Medicare HMO, you will be responsible for paying your Medicare coinsurance, deductibles or copayments.

However, if you are a Qualified Medicare Beneficiary (QMB) member, Mercy Care DCS CHP may pay for services not covered by AHCCCS or from a provider who is not part of our network.

If you have questions, please call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).

Dual-eligible members: payment for medications

Medicaid does not cover medications that are eligible for coverage under Medicare Part D plans. Medicaid does not pay for Medicare copayments, deductibles or cost sharing for Medicare Part D medications except for persons who have an SMI designation. AHCCCS covers medications that are excluded from coverage under Medicare Part D when those covered medications are deemed medically necessary. An excluded drug is a medication that is not eligible for coverage under Medicare Part D. AHCCCS may cover some medications that are Over-the-Counter (OTC), refer to the Mercy Care DCS CHP OTC Drug List for a list of products available on our website at <https://www.MercyCareAZ.org/members/chp-members/pharmacy> or call Member Services to request a printed copy.

Authorizations

Medical authorizations

In some cases, the child's doctor may decide that their condition requires special services. Mercy Care DCS CHP will review and approve these services before the child gets them to make sure the child gets the care that they need when the child needs it. These services may require approval from Mercy Care DCS CHP before they can be performed – this is called prior authorization.

Here's how it works:

The child's doctor will submit a request to Mercy Care DCS CHP for services that you will need and how they will help the child's condition. If Mercy Care DCS CHP denies the request, the child's custodial agency will receive a written notification (called a Notice of Adverse Benefit Determination) within 14 calendar days stating if the request was denied and what to do next. If the request is urgent, the child's custodial agency will receive a written notification (Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request unless an extension is in effect. If we ask for an extension, the child's custodial agency will be notified in writing and you or the child's custodial agency may file a member grievance if you do not agree with Mercy Care DCS CHP taking additional time to review the request. The letter will explain the child's rights and how to submit a complaint.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at MedicalManagement@azahcccs.gov.

How Mercy Care DCS CHP determines urgency of requests:

Routine – A routine request for a service will be reviewed within 14 days. We will send a written notification (Notice of Adverse Benefit Determination) to the child’s custodial agency within 14 calendar days if the request is denied. The notice will say what to do next.

Urgent – the child’s physician believes that their condition is not life-threatening but should be handled quickly to make sure it does not get worse. If the medical records, or the requested services, look urgent to the Mercy Care DCS CHP medical reviewer, we will expedite the standard process. The child’s custodial agency will receive a written notification (called a Notice of Adverse Benefit Determination) no later than 72 hours following the receipt of the authorization request if the request is denied and what to do next.

Sometimes, we will need more information in order to make our decision. If this is the case, we may need to ask the child’s doctor for an extension of up to 14 calendar days. If we ask for an extension, we will let the child’s custodial agency and the child’s doctor know what information we need to help us decide. If we don’t receive the additional information within the 14 calendar-day period, we may deny the request for prior authorization.

If we ask for an extension, or change the urgency level of your request, you may file what is called a Member Grievance (see “Member Grievances” in this handbook).

Please send member grievances to:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

How do we make our decision about requests?

We provide a list of services that require prior authorization on our website www.MercyCareAZ.org. If you would like more information about how these decisions are made, contact Member Services. They can get you the list of criteria Mercy Care DCS CHP uses to make these decisions. You have the right to review this list to see how we make our decisions.

When an action takes place, Mercy Care DCS CHP is required to issue a Notice of Adverse Benefit Determination.

Notice of Adverse Benefit Determination

When a service that the child is already receiving or has requested is not approved (denial), we will send the child’s custodial agency and the child’s provider a written notification called a Notice of Adverse Benefit Determination. There are specific time frames when you will receive a Notice of Adverse Benefit Determination.

- If you or the child’s provider make a new request for a service, the child’s custodial agency will receive notification within 14 calendar days (if urgent, you will receive the notification within 72 hours following the receipt of the authorization request).
- If a service that the child is already receiving is reduced, suspended or ended, the child’s custodial agency will receive a Notice of Adverse Benefit Determination 10 calendar days before the change occurs.

The Notice of Adverse Benefit Determination letter says:

- What action was taken and the reason.
- The right to file an appeal and how to do it.

- The right to ask for a fair hearing with AHCCCS and how to do it.
- The right to ask for an expedited resolution and how to do it.
- The right to ask that your benefits be continued during your appeal, how to do it and when you may have to pay the costs for the services.
- The right to request an extension to give us information to help us make a decision.
- If the child’s custodial agency receives a Notice of Adverse Benefit Determination letter that does not tell you what you asked for, what we decided, or the reason why, you or the child’s custodial agency can call us.
 - We will look at the letter and, if needed, write a new letter that better explains the services and the action.

If the Notice of Adverse Benefit Determination letter does not fully address your concerns, you can contact AHCCCS Medical Management at **MedicalManagement@azahcccs.gov**.

You and/or the child’s custodial agency has the right to receive a reply from Mercy Care DCS CHP within 30 calendar days of a request for a copy of the records. The response may be a copy of the record or a written denial. A written denial will include the reason for the denial and information about how to seek review of the denial. You can ask Member Services to tell you about how Mercy Care DCS CHP makes these decisions. You can also ask Member Services to mail you a copy of the list of criteria.

Member grievance

A member grievance is any expression of dissatisfaction related to the delivery of the child’s health care that is not defined as an appeal. A member grievance is also called a complaint. You may have a concern with a doctor or felt that office staff treated you poorly. You may have received a bill from your specialist or had difficulty reaching the transportation company for your ride home. A provider may have failed to provide services, including crisis services, in a timely manner. A member grievance might include concerns with the quality of the medical care you received. You also have the right to file a complaint if you do not feel a Notice of Adverse Benefit Determination letter was adequate. Please let us know if you have a concern like this or need help with another problem.

How to file a member grievance

The fastest way to report a member grievance is to call Mercy Care Grievance System Department Monday through Friday 8 a.m. to 5 p.m. at **602-586-1719** or **1-866-386-5794** (TTY 711). You may also contact Member Services if you need help filing your member grievance, have a hearing impairment, need an interpreter or would like the information provided in an alternate format or language. A representative will document your member grievance. It is important to provide as much detail as possible. The representative will explain the member grievance resolution process and answer any other questions you may have. We may also need to call you back to provide updates or ask you for more information. We want to ensure that you are receiving the care and services you need.

If you prefer to file your member grievance in writing, you can send your complaint to:

Mercy Care
 Grievance System Department
 4750 S. 44th Place, Ste. 150
 Phoenix, AZ 85040

Filing a member grievance will not affect the child's future health care or the availability of services. We want to know about your concerns, so we can improve the services we offer.

- If you submit your member grievance in writing, we will send the child's custodial agency a letter within five (5) business days. The letter acknowledges our receipt of the member grievance and explains how you will be notified of the resolution.
- If your member grievance involves concerns about the quality of care or medical treatment the child received, we will send the case to our Quality Management department.
- When we cannot resolve your member grievance right away, we will let the child's custodial agency know and explain the next steps. During our investigation of your concerns, we will work with other departments at Mercy Care DCS CHP as well as the child's health care provider(s).
- During our investigation, we may need to speak with you again. We may have more questions or we may want to confirm that the child's immediate needs are met.
- Once the review of your member grievance is complete, we will notify the child's custodial agency of the resolution.
- If your member grievance was reviewed by our Quality Management department, the child's custodial agency will get the resolution in writing.
- For other cases, we will call you and explain the resolution to your member grievance. If we are unable to reach you, we will send the resolution in writing.
- We are committed to resolving your concerns as quickly as possible and in no more than 90 days from the date you submitted your member grievance.

Quality of Care Concerns (QOC)

You/Health Care Decision Makers (HCDMs) or your designated representative can submit concerns that include but are not limited to:

- a. The inability to receive health care services,
- b. Concerns about the Quality of Care (QOC) received,
- c. Issues with health care providers,
- d. Issues with health plans, or
- e. Timely access to services.

To file a QOC, you must mail, call or fax the request using the following:

Mercy Care
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
Phone: **602-586-1719** or **1-866-386-5794**
Fax: **602-351-2300**

Corporate Compliance

It is the duty of each Mercy Care DCS CHP employee to make the right decision when encountering situations involving legal and ethical issues in their daily activity. If you would like to report, in good faith, concerns involving Mercy Care DCS CHP employees and potential fraud, unethical, illegal, or unacceptable practices or compliance violations, you can call the Mercy Care DCS CHP Corporate Compliance Hotline at **602-771-3555**.

The Corporate Compliance Hotline is a confidential voice mailbox available 24 hours a day, 7 days a week. All calls are kept confidential to the extent permitted by law. Callers may identify themselves or the caller can

remain anonymous. The Mercy Care DCS CHP Compliance Officer will investigate all reports of improper conduct and take action equitably and consistently. Reports can be made by calling the Corporate Compliance Hotline at **602-771-3555**.

How to file an Appeal

An appeal is a request to review an adverse decision made by Mercy Care DCS CHP. An adverse decision is when Mercy Care DCS CHP:

- Denies the care requested
- Decreases the amount of care
- Ends care that has previously been approved
- Denies payment for care and you may have to pay for it

You will know that Mercy Care DCS CHP has made an adverse decision because we will send the child's custodial agency (or DCS) a letter. The letter is called a Notice of Adverse Benefit Determination (NOA). If you do not agree with the action, you may request an appeal by phone or in writing. The request must be made within 60 days from the date of the NOA. Information on how to file an appeal is provided in the NOA.

To file an appeal you must mail, call or fax the request using the following:

Mercy Care DCS CHP
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040
Phone: **602-586-1719** or toll-free **1-866-386-5794**
Fax: **602-351-2300**
Email: **MercyCareGandA@MercyCareAZ.org**

You and your authorized representative have the following rights regarding your appeal:

- The right to examine the contents of the appeal case file during the appeal process.
- The right to examine all documents and records considered during the appeal process that are not protected from disclosure by law.

Request for Standard Appeal

When we get your appeal, we will send the child's custodial agency a letter within five (5) business days. The letter will say that we got your appeal and how you can give us more information. If you are appealing services that you want to continue while the case is reviewed, you must file the appeal no later than 10 calendar days from the date on the Notice of Adverse Benefit Determination.

In most cases, we will resolve the appeal within 30 calendar days. Sometimes, we might need more information to make a decision. When this occurs and we believe it is in the member's best interest, we will request an extension on your appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail the child's custodial agency a written notice explaining this and tell you what information we still need. If we ask for an extension, you may file a member grievance. The letter will explain your rights and how to submit a complaint. If we don't receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar day extension if you need more time to gather information for the appeal.

Once we have completed the review of the member's appeal, we will send the child's custodial agency a letter with our decision. The letter explains our decision and explains how it was made. If we deny the member's appeal, you may request that AHCCCS look at our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

Request for Expedited Appeal

You may request an expedited resolution for the member's appeal if you believe that the standard time frame of a standard resolution might jeopardize the member's life, health, or ability to attain, maintain or regain maximum function. An expedited appeal is a faster review. The member's health care provider must provide documentation to support the request for an expedited appeal.

If we decide not to expedite the resolution of the appeal, we will notify you promptly. We will attempt to call you and will mail the child's custodial agency a written notice within two calendar days that explains this outcome.

When we expedite the resolution of the member's appeal, we will resolve your appeal within 72 hours. Sometimes, we may need more information to make a decision. When this occurs and we believe it is in the member's best interest, we will request extension on the appeal. An extension allows an additional 14 calendar days to complete our review and make a decision. If we ask for an extension, we will mail the child's custodial agency a written notice explaining this and explain what information we still need. If we don't receive the additional information within this time frame, we may deny the appeal. You may also request a 14-calendar day extension if you need more time to gather information for the appeal.

Once we have completed the review the appeal, we will send the child's custodial agency a letter with our decision. The letter explains our decision and how it was made. If we deny the appeal, you may request for AHCCCS to review our decision through a State Fair Hearing. You can request this next step by following the directions we provide in the decision letter. You have 90 calendar days from the date on the appeal denial letter to request a State Fair Hearing.

If you request a State Fair Hearing, you will receive information from AHCCCS about what to do. We will forward the appeal file and related documentation to AHCCCS or the Office of Administrative Legal Services.

After the State Fair Hearing, AHCCCS will make a decision. If they find that our decision to deny the appeal was correct, you may be responsible for payment of the services you received while the appeal was being reviewed. If AHCCCS decides that our decision on the member's appeal was incorrect, we will authorize and provide the services promptly.

Notice of Extension

Sometimes more information is needed to make an appeal decision. If a decision cannot be made in time, a 14 day extension may be requested. This can be done by the member, authorized custodial agency representative or Mercy Care DCS CHP. If we ask for an extension, we will mail the child's custodial agency a written notice explaining this and explain what information we need still need. If we don't receive the additional information within this time frame, we may deny the appeal.

Request for a State Fair Hearing

If the member or authorized representative disagrees with the final decision that Mercy Care DCS CHP has made on an appeal or the internal appeals process has been exhausted, a State Fair Hearing may be requested. The

request for a State Fair Hearing must be made in writing to Mercy Care DCS CHP within 90 calendar days from the date of the appeal decision.

Mercy Care DCS CHP
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

Mercy Care DCS CHP will forward the case file and information to the AHCCCS or the Office of Administrative Legal Services (OALS). If the member or authorized representative has questions or needs more information regarding a State Fair Hearing, call the Mercy Care DCS CHP Grievance System Department at **602-586-1719** or toll-free at **1-866-386-5794**. The member or authorized representative may request continuation of services while the appeal or state fair hearing is pending. Requests for continuation must be filed within 10 calendar days after the date Mercy Care DCS CHP mailed the NOA or the effective date of the action as indicated in the NOA. You may be required to pay the cost of services if the appeal or state fair hearing is not resolved in the member's favor.

Mercy Care DCS CHP and our providers cannot discriminate against anyone exercising their appeal rights or if they are filing a member grievance. If you have any questions or need more information, call the Mercy Care DCS CHP Grievance System Department at **602-586-1719** or toll-free **1-866-386-5794** or write to:

Mercy Care DCS CHP
Grievance System Department
4750 S. 44th Place, Ste. 150
Phoenix, AZ 85040

How to file a member grievance, appeal or request for hearing for crisis services

Members who have received crisis services may file a member grievance, appeal or request for hearing. Follow the above steps for crisis services provided in Maricopa County.

For members in counties other than Maricopa County, you can contact one of the following Regional Behavioral Health Authorities (RBHAs):

Service Area	Health plans with a Regional Behavioral Health Agreement	Contact type and phone number
Central Arizona	Mercy Care RBHA	Customer service phone: 602-586-1719 or 1-866-386-5794 (TTY 711) Crisis Line: 1-844-534-4673
Southern Arizona	Arizona Complete Health	Customer service phone: 1-888-788-4408 (TTY 711) Crisis Line: 1-844-534-4673
Northern Arizona	Care 1st	Customer service phone: 1-800-640-2123 (TTY 711, or 1-800-842-4681) Crisis Line: 1-844-534-4673

Member's rights

Mercy Care DCS CHP members and caregivers have the right to be treated with respect and consideration when they're getting the health care services they need and deserve.

Mercy Care DCS CHP complies with all Federal and State laws, including:

- Title VI of the Civil Rights Act of 1964 as implemented by regulations at 45 CFR part 80,
- The Age Discrimination Act of 1975 as implemented by regulations at 45 CFR part 91,
- The Rehabilitation Act of 1973,
- Title IX of the Education Amendments of 1972 (regarding education programs and activities),
- Titles II and III of the Americans with Disabilities Act; and
- Section 1557 of the Patient Protection and Affordable Care Act.

Members and caregivers have the following rights:

- Right to receive information about Mercy Care DCS CHP, the services Mercy Care DCS CHP provides, the Mercy Care DCS CHP provider network and the Mercy Care DCS CHP provider directory at no charge.
- Right to file a complaint to Mercy Care DCS CHP about inadequate Notice of Adverse Benefit Determination letters or any aspect of Mercy Care DCS CHP's service.
- Right to file a complaint with AHCCCS' Medical Management Unit at medicalmanagement@azahcccs.gov, if Mercy Care DCS CHP does not resolve the complaints about the Notice of Adverse Benefit Determination Letter to the member's satisfaction.
- Right to request information on the structure and operation of Mercy Care DCS CHP or Mercy Care DCS CHP's contractors or subcontractors (42 CFR 438.10(g)(3)(i)).
- Right to request information regarding if Mercy Care DCS CHP has physician incentive plans that affect referral from doctors.
- Right to know about the type of compensation arrangements with providers, whether stop-loss insurance is required of providers and the right to review member survey results.
- Right to be treated fairly and get covered services regardless of race, ethnicity, national origin, religion, gender, age, behavioral health condition, intellectual or physical disability, sexual orientation, genetic information, ability to pay, or ability to speak English.

Confidentiality and confidentiality limitations:

- You have a right to privacy and confidentiality of your health care information.
- You have a right to talk to health care professionals privately.
- You will find a copy of the "Privacy Rights" notice in your welcome packet. The notice has information on ways Mercy Care uses your records, which includes information on your health plan activities and payments for services. Your health care information will be kept private and confidential. It will be given out only with your permission or if the law allows it.
- You have a right to know about health care privacy.
 - There are laws about who can see your medical and behavioral health information with or without your permission. Substance use treatment and communicable disease information (for example, HIV/AIDS information) cannot be shared with others without your written permission.
 - There may be times that you want to share your medical or behavioral health information with other agencies or certain individuals who may be assisting you. In these cases, you can sign an Authorization for the Release of Information (ROI) Form, which states that your medical records,

or certain limited portions of your medical records, may be released to the individuals or agencies that you name on the form. For more information about the Authorization for the Release of Information Form, contact Mercy Care at **602-212-4983** or **1-833-711-0776** (TTY 711).

- You have a right to know about limits to confidentiality. There are times when we cannot keep information confidential. The law doesn't protect the following information:
 - If you commit a crime or threaten to commit a crime at the provider's office or clinic or against any person who works there, the provider must call the police.
 - If you're going to hurt another person, we must let that person know so that he or she can protect himself or herself. We must also call the police.
 - We must also report suspected child abuse to local authorities.
 - If there is a danger that you might hurt yourself, we must try to protect you. If this happens, we may need to talk to other people in your life or other service providers (e.g., hospitals and other counselors) to protect you. We'll only share information necessary to keep you safe.
- There are other times when providers can share certain health information with family members and others involved in the child's care. For example, if:
 - You verbally agree to share the information.
 - You have an opportunity to object to sharing information, but don't object. For example, if you allow someone to come into an exam room during an appointment, the provider can assume that you don't object to sharing information during that visit.
 - It's an emergency, or you don't have the capacity to make health care decisions, and the provider believes disclosing information is in your best interest.
 - The provider believes you're a serious and imminent threat to your health or safety, or someone else's health and safety.
 - The provider uses the information to notify a family member of the member's location, general condition or death.
 - The provider is following other laws requiring they share information.
- To help arrange and pay for the child's care, there are times when your information is shared without first getting your written permission. These times could include the sharing of information with:
 - Physicians and other agencies providing health, social, or welfare services
 - Your medical primary care provider
 - Certain state agencies and schools following the law, involved in the child's care and treatment, as needed
 - Members of the clinical team involved in the child's care
- At other times, it may be helpful to share your behavioral health information with other agencies, such as schools or state agencies. This is done within the limits of the applicable regulations. The written permission may be required by your DCS Specialist before your information is shared.
- Right to services provided in a culturally competent manner, with consideration for members with limited English proficiency or reading skills, and those with diverse cultural and ethnic backgrounds as well as members with visual or auditory limitation at no cost.
- Right to choose a primary care provider (PCP) and primary dental provider (PDP) within the limits of the provider network, and choose other providers as needed from among those affiliated with the network; this also includes the right to refuse care from specified providers.
- Right to know about providers who speak languages other than English.
- Right to a second opinion at no cost to the member from a qualified health care professional within Mercy Care's provider network, or have a second opinion arranged outside the network if there is inadequate in-network coverage.

- Right to receive information on available treatment options and alternatives, in a manner appropriate to the member condition and ability to understand.
- Right to review his/her medical records in accordance with applicable State and Federal laws.
- Right to request annually and receive at no cost a copy of his/her medical records as specified in 45 CFR 164.524. The member's right of access to inspect and get a copy of his/her medical records may be denied if the information is:
 - Psychotherapy notes;
 - Information compiled for, or in reasonable anticipation of, a civil, criminal or administrative action; or
 - Protected health information that is subject to the Federal Clinical Laboratory Improvements Amendments of 1988, or exempt pursuant to 42 CFR 493.3(a)(2). An individual may be denied access to read or receive a copy of medical record information without an opportunity for review in accordance with 45 CFR Part 164 (above) if:
 - The information meets the criteria stated above;
 - The provider is a correctional institution or acting under the direction of a correctional institution as defined in 45 CFR 164.501;
 - The information is obtained during the course of current research that includes treatment and the member agreed to suspend access to the information during the course of research when consenting to participate in the research;
 - The information was compiled during a review of quality of care for the purpose of improving the overall provision of care and services;
 - The denial of access meets the requirements of the Privacy Act, 5 U.S.C. 552a; or
 - The information was obtained from someone other than a health care provider under the protection of confidentiality, and access would be reasonably likely to reveal the source of the information.
- Right to seek review if access to inspect or request for a copy of medical record information is denied when:
 - A licensed health care professional has determined the access requested would reasonably be likely to endanger the life or physical safety of the member or another person; or
 - The protected health information refers to another person and access would reasonably be likely to cause substantial harm to the member or another person. Mercy Care DCS CHP must respond within 30 days to the member's request for a copy of the records, the response may be the copy of the record or, if necessary to deny the request, the written denial must include the basis for the denial and written information about how to seek review of the denial in accordance with 45 CFR Part 164.
- Right to amend or correct his/her medical records as specified in 45 CFR 164.526 (Mercy Care DCS CHP may require the request be made in writing).
- Right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
- Right to get information on beneficiary and plan information.
- Right to be treated with respect and with recognition of the member's dignity and need for privacy; the right to privacy includes protection of any identifying information except when otherwise required or permitted by law.
- Right to participate in decisions regarding his or her health care, including the right to refuse treatment (42 CFR 438.100), and/or have a representative facilitate care or treatment decisions when the member is unable to do so.
- Right to know about providers who speak languages other than English.

- Right to receive information, in a language and format that the member understands, about member rights and responsibilities, the amount, duration and scope of all services and benefits, service providers, services included and excluded as a condition of enrollment, and other information including:
 - Provisions for after-hours and emergency health care services, which includes the right to access emergency health care services from a provider without prior authorization, consistent with the member's determination of the need for such services as prudent;
 - Information about available treatment options (including the option of no treatment) or alternative courses of care;
 - Procedures for getting services, including authorization requirements and any special procedures for getting mental health and substance use services, or referrals for specialty services not furnished by the member's PCP;
 - Procedures for getting services outside the Mercy Care DCS CHP provider network;
 - Provisions for getting AHCCCS covered services that are not offered or available through Mercy Care DCS CHP, and notice of the right to obtain family planning services from an appropriate AHCCCS registered provider, and
 - A description of how Mercy Care DCS CHP evaluates new technology for inclusion as a covered benefit.
- Right to use any hospital or other setting for emergency care [42 CFR 457.1207, 42 CFR 438.10]
- Right to the criteria used as a basis for decisions
- Right to receive information regarding grievances, appeals and requests for a hearing about Mercy Care DCS CHP or the care provided.
- Right to request a state fair hearing after Mercy Care DCS CHP has made an adverse determination
- Right to file grievances and appeals
- Right to receive help filing grievances and appeals
- Right to call Member Services if there are any questions regarding member rights.

Health plan Notices of Privacy Practices

The privacy of our members' medical information is very important to us. We want to keep member information private and confidential. Mercy Care DCS CHP verifies the identity of all incoming callers before releasing any information. Our Member Services staff will only give information to the member's custodial agency representative, the member's caregiver and/or the member. Any other callers requesting information are referred to the member's custodial agency representative for further help.

The Health Insurance Portability and Accountability Act (HIPAA) affects health care in several ways. Mercy Care DCS CHP is required to have safeguards for protecting members' health information. This applies to all health care providers and other stakeholders.

A member's Protected Health Information (PHI) may be used for treatment, payment and health plan operations and as permitted by law. The member or the legal guardian must give written approval for any non-health care uses of PHI.

We protect member health information with specific procedures, such as:

- **Administrative.** We have rules that tell us how to use a member's health information no matter what form it is in – written, oral or electronic.

- **Physical.** Member health information is locked up and is kept in safe areas. We protect entry to our computers and buildings. This helps us to block unauthorized entry.
- **Technical.** Access to member health information is “role-based.” This allows only those who need to do their job and give care to members to have access.

Mercy Care DCS CHP provides a notice of members’ rights and responsibilities on the use, disclosure and access to PHI. It is called the “Notice of Privacy Practices” (NPP). The NPP is sent to the member’s custodial agency representative. It is also included in the New Member Packets. The Mercy Care DCS CHP Privacy Officer can explain the NPP and answer questions about HIPAA. For help from the Mercy Care DCS CHP Privacy Officer, call **602-351-2245** or **1-800-201-1795**. You can ask to speak to the Privacy Officer.

Physician Incentive Plans

Mercy Care provides incentive payments to Accountable Care Organizations (ACO) and other provider organizations upon successful completion or expectation of successful completion of contracted goals/measures in accordance with the Alternative Payment Measure (APM) strategy. It does not reflect payment for a direct medical service to a member. The intent of these incentive programs is to incentivize quality, health outcomes and value over volume to achieve better care, smarter spending and healthier people.

Fraud, waste and abuse

Fraud

Fraud is a dishonest act done on purpose. Fraud and abuse also includes things like loaning, selling or giving the child’s member ID card to someone, inappropriate billing by a provider or any action intended to defraud the AHCCCS program.

Committing fraud or abuse is against the law. The child’s health benefits are given to them based on their health and financial status. A child’s member benefits should not be shared with anyone. If the child’s benefits are misused, the child could lose their AHCCCS benefits. AHCCCS may take legal action against an individual that misuses a child’s benefits. If you think a person, member or provider is misusing the program, you should call Mercy Care DCS CHP Member Services or AHCCCS.

Examples of member fraud are:

- Letting someone else use the child’s Mercy Care DCS CHP ID card
- Getting prescriptions with the idea of abusing or selling drugs
- Changing information on the child’s Mercy Care DCS CHP ID card
- Changing information on a prescription

Examples of provider fraud are:

- Billing for services that didn’t happen
- Ordering and/or billing for services that are not medically necessary
- Billing for services that are not documented

Waste and/or abuse

Waste and/or abuse can mean providers take actions resulting in needless costs to AHCCCS. This includes providing medical services that are not required. It may also mean the provider does not meet required health care standards. Abuse can also include member actions that result in extra costs to AHCCCS.

Abuse means provider practices that are inconsistent with sound financial, business or medical practices. This can result in unnecessary cost to the Medicaid program. Abuse can also be billing for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes member practices that result in unnecessary cost to the Medicaid program.

Reporting

If you think a person, member or provider is misusing the program, you should let us know. You can report to Mercy Care DCS CHP or to AHCCCS. You can fill out a form at www.MercyCareAZ.org. You can also call the Mercy Care Fraud Hotline at **1-800-810-6544**.

You can fill out a form on the AHCCCS website at www.azahcccs.gov/Fraud/ReportFraud. You can send an email to AHCCCSFraud@azahcccs.gov. You can also call AHCCCS Fraud Reporting at **602-417-4193** if you are in Arizona or toll free at **888-ITS-NOT-OK** or **800-487-6686** if you are outside of Arizona.

Quitting tobacco

Quitting tobacco is one of the best things that can be done for one's health. Getting medication and coaching can double the chances for successfully quitting tobacco. Help or coaching is available through group education, over-the-phone and text messaging. Medication can be prescribed by a doctor. A doctor can also make referrals to the Arizona Smokers Helpline (ASHLine) for coaching and resources to help quit tobacco. One does not need a referral to the ASHLine to reach out for help. The ASHLine offers information to help protect individuals from secondhand smoke. Many people have quit smoking and stopped tobacco use through programs offered by the ASHLine. If you want more information to help you or someone you know quit tobacco, you have choices.

1. You can call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711).
2. If you are part of Mercy Care DCS CHP, Care Management program, talk to your Care Manager.
3. Talk to your doctor.
4. Call the Arizona Smokers Helpline (ASHLine) directly at **1-800-QUIT-NOW (1-800-784-8669)**. Spanish speakers can also access the ASHLine by calling **1-855-DEJELO-YA (1-855-335-3569)**. You can also visit www.ashline.org.

In addition to the ASHLine, there are other resources available. For more information on quitting tobacco, go to Tobacco Free Arizona at <http://azdhs.gov/prevention/tobacco-chronic-disease/tobacco-free-az>. Tobacco Free Arizona is a program to help Arizonans know the risks of tobacco use and resources for quitting.

Smartphones at no cost to you

You may be able to get cell service plus a smartphone at no cost to you through the government's Affordable Connectivity Program or Lifeline program. To apply, go to mercyar.es/lifeline. If you don't have access to the internet, or if you need help filling out the form, you can call Member Services to assist you. Member Services can be reached at **602-212-4983** or at **1-833-711-0776** (TTY 711) and ask about the Assurance Wireless program. You will have to show proof of eligibility to enroll into the Assurance Wireless program.

Assurance Wireless service includes:

- Data each month
- Unlimited text messages
- Voice minutes each month
- Android smartphone

For more information, call Mercy Care Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) or go to www.MercyCareAZ.org.

Community resources

You can reach out directly to these community resources and programs. You can also call Mercy Care DCS CHP Member Services at **602-212-4983** or **1-833-711-0776** (TTY 711) for help getting services from any of the programs listed.

2-1-1 Arizona Community Information and Referrals

Community Information and Referral is a call center that can help you find many community services, including: Food banks, clothes, shelters, help to pay rent and utilities, health care, pregnancy health, help when you or someone else is in trouble, support groups, counseling, help with drug or alcohol problems, financial help, job training, transportation, education programs, adult day care, meals on wheels, respite care, home health care, transportation, homemaker services, child care, after school programs, family help, summer camps and play programs, counseling, help with learning, protective services.

Dial 2-1-1

<https://211arizona.org/>

Alzheimer's Association

Alzheimer's Association is a statewide system of information and resources for those living with or caring for someone with Alzheimer's or other dementia. For more information, call their toll-free, 24/7 Helpline at **1-800-272-3900** or visit their website for resources in your area, <https://www.alz.org/dsw>

American Diabetes Association

2451 Crystal Dr., Ste. 900
Arlington, Virginia 22202

1-800-342-2383

www.diabetes.org

Area Agency on Aging

The Area Agency on Aging is a statewide system of programs, services and advocacy to support adults aged 60 and older, adults aged 18 and older with HIV/AIDS, disabilities, long-term care needs. To find your local office, visit their website at <https://des.az.gov/services/aging-and-adult/aging-and-disability-services/area-agency-aging>

Arizona and Drug Information Center

No-cost, confidential, 24 hours a day, 7 days a week

1-800-222-1222

<http://www.azpoison.com/>

Arizona Health Care Cost Containment System (AHCCCS)

The Arizona Health Care Cost Containment System is Arizona's Medicaid program. AHCCCS oversees contracted health plans in the delivery of health care to individuals and families who qualify for Medicaid and other medical assistance programs.

AHCCCS

801 E. Jefferson St.

Phoenix, AZ 85034

602-417-4000

<https://azahcccs.gov>

Health-e-Arizona PLUS

Health-e-Arizona is a secure and easy to use website open 24 hours a day/7 days a week. It allows you to apply for AHCCCS benefits, KidsCare, Nutrition Assistance and Cash Assistance benefits and to connect to the Federal Insurance Marketplace. Health-e-Arizona allows individuals and families to apply and reapply for benefits as well as report changes and submit requests/documents to AHCCCS and DES.

1-855-432-7587

www.healthearizonaplus.gov

Arizona Child and Family Resources

www.AZCCRR.com

1-800-308-9000

Programs include:

- Child Care Resource & Referral, where parents can call to get a list of childcare centers
- The Center for Adolescent Parents where teen mothers can earn their high school diploma or GED while receiving no-cost, on-site childcare
- In-home support for families with babies under the age of 3 months

288 N. Ironwood Dr., Ste. 104

Apache Junction, AZ 85120

480-983-7028

1355 Ramar Rd., Ste. 8

Bullhead City, AZ 86442

1115 E. Florence Blvd., Ste. M
Casa Grande, AZ 85122
520-518-5292

1151 16th Street
Douglas, AZ 85607
520-368-6122

2708 N. 4th St., Ste. C1
Flagstaff, AZ 86004
928-714-1716

2202 Hualapai Rd., Ste. 101
Kingman, AZ 86401
928-753-4410

116 S. Lake Havasu Ave., Ste. 104
Lake Havasu City, AZ 86403
928-753-4410 ext. 21

1827 N. Mastick Way
Nogales, AZ 85621
520-281-9303

1951 W. Camelback Rd., Ste. 370
Phoenix, AZ 85015
602-234-3941

1491 W. Thatcher Blvd., Ste. 106
Safford, AZ 85546
928-428-7231

3965 E. Foothills Dr., Ste. E1
Sierra Vista, AZ 85635
520-458-7348

2800 E. Broadway Blvd.
Tucson, AZ 85716
520-881-8940

3970 W. 24th St. Ste. 103
Yuma, AZ 85364
928-783-4003 or 800-929-8194

Arizona Coalition for Military Families

2929 N. Central Ave., Ste. 1550

Phoenix, AZ 85012

602-753-8802

www.Arizonacoalition.org

Arizona Department of Health Services

150 N. 18th Ave., Ste. 310

Phoenix, AZ 85007

602-542-1025 or **1-800-252-5942**

www.azdhs.gov/index.php

Arizona Department of Economic Security

The Arizona Department of Economic Security can assist you in identifying your needs and getting connected to an agency that can answer your questions. Link to a wide range of activities, such as reviewing Medicare/Medicaid benefits, reading about what's new in health care, searching for job opportunities, caregiver respite, housing options and more.

<https://des.az.gov>

Unemployment insurance: **1-877-600-2722**

Nutrition, cash, or medical assistance: **1-855-432-7587**

www.healtharizonaplus.gov

Arizona Department of Health Services (ADHS) 24-Hour Pregnancy and Breastfeeding Hotline

1-800-833-4642

<https://azdhs.gov/prevention/nutrition-physical-activity/breastfeeding/index.php#mom-home>

Arizona Disability Benefits 101

Disability Benefits is an online benefit planning tool that offers tools and information on health coverage, benefits and employment.

1-866-304-WORK (9675)

www.az.db101.org

ARIZONA@WORK

ARIZONA@WORK provides comprehensive statewide and locally based workforce solutions for job seekers and employers.

<https://arizonaatwork.com>

Arizona Opioid Assistance & Referral (OAR) Line

A no-cost, confidential hotline offers opioid advice, resources and referrals 24 hours a day, 7 days a week. This Hotline is staffed with local medical experts at the Arizona and Banner Poison & Drug Information Centers who offer patients, family members or providers valuable opioid information.

1-888-688-4222

<https://www.azdhs.gov/oarline>

Arizona Self Help

Online access to 40 different health and human services programs

www.arizonaselfhelp.org

Arizona Suicide Prevention Coalition

The coalition provides resources and additional information to help reduce suicide rates in Arizona. Most suicides are preventable. These resources can help educate you on awareness, intervention, and action.

If you need immediate help within Arizona, please call EMPACT at **480-784-1500** or **866-205-5229**

Teens can call Teen Lifeline at **602-248-TEEN (8336)** or **800-248-TEEN**

602-248-8337

www.azspc.org

Arizona Youth Partnership

Arizona Youth Partnership builds solid foundations for youth and families by partnering with Arizona communities. They provide youth services, prevention programs, and health education related to substance abuse, homelessness, human trafficking, mental health wellness, teen pregnancy, and challenging family dynamics.

<https://azyp.org/program/starting-out-right/>

1-877-882-2881

AZ Links

AZ Links is the website of Arizona's Aging and Disability Resource Consortium (Ig). AZ Links helps Arizona seniors, people with disabilities, caregivers and family members locate resources and services.

www.AzLinks.gov

Child and Family Resources

This is a program that offers education and resources for parents, caregivers, and children.

520-230-7032

www.childfamilyresources.org

Child Care Resource and Referral

Statewide program that helps families find childcare

1-800-308-9000

<https://www.azccrr.com>

Dump the Drugs

<https://azdhs.gov/gis/dump-the-drugs-az>

General and Public information: **602-542-1025**

Find drop box locations to dispose unused or unwanted prescription drugs. This application displays all drop off locations in Arizona and enables the user to enter their address to receive directions to the location closest to them.

Emergency shelter

Please contact 211 Arizona for Shelter Resources

2-1-1

<https://211arizona.org/>

Family Involvement Center (FIC)

Family Involvement Center (FIC) is a statewide non-profit family run organization who assists and supports families/caregivers of children/youth with emotional, behavioral and mental health needs in order to foster healthy, resilient children and families who are valued and involved in shaping their own care. To find a location close to you, click on <http://www.familyinvolvementcenter.org> or call the Phoenix office at **602-412-4095** for help.

Maternal and Child Health Program and EPSDT - Home visitation resources

Maricopa County Lead Safe Phoenix Program

This program provides home visitation as well as community outreach and education, to people that live in the city of phoenix. There is no cost to participate in the program, but you must meet requirements. See their website for details on those requirements. Home visitors will provide blood lead testing to children under 6 years old, they will check your home for lead, educate you on lead poisoning and they will refer you to community resources if needed.

602-525-3162

<https://www.maricopa.gov/1853/Lead-Poisoning-Prevention>

Parents Partners Plus

Parents Partners Plus is a network of home visitation support programs. They offer individualized support around every day parenting experiences and family well-being. If you have questions, concerns, or needs as far as breastfeeding, fighting postpartum depression, child-rearing or otherwise transitioning into life as a parent, our representatives can connect you with critical resources.

602-633-0732

<https://parentpartnersplus.com/>

Southwest Human Development – Healthy Families

Healthy Families is a free program that works with families from pregnancy through the first 5 years of life. Their goal is to help you become the best parent you can be. A home visitor goes to the family to provide support and information to become the best parent for their child!

877-705-KIDS

<https://www.swhd.org/programs/health-and-development/healthy-families/>

Strong Families AZ

Strong Families AZ is a network of no-cost home visiting programs that helps families raise healthy children ready to succeed in school and life. The programs focus on pregnant woman and families with children birth to age 5. Listed below are a few home visitation programs that are available to you.

<https://strongfamiliesaz.com/>

Arizona Health Start

For women who are pregnant or have a child under 2 years old. If you are pregnant or a mother facing challenges, it's important to know that someone can help you. Arizona Health Start is here to help. Our home visitors can connect you with a variety of community organizations that provide health care, education, parenting resources, and application assistance for other programs. We will get to know you and your family, so we can help you get the resources you need. We understand your culture, because we live in your community. We also understand what you're going through, because we've helped families just like yours.

<https://strongfamiliesaz.com/program/arizona-health-start>

Family Spirit

For Native American families with children under 3 years old. The Family Spirit Program is a culturally tailored home-visiting intervention delivered by Native American paraprofessionals as a core strategy to support young Native parents from pregnancy to 3 years post-partum. Parents gain knowledge and skills to achieve optimum development for their preschool age children across the domains of physical, cognitive, social-emotional, language learning, and self-help.

<https://strongfamiliesaz.com/program/family-spirit-home-visiting-program>

Healthy Families Arizona

Healthy Families Arizona is a no-cost program that helps pregnant women as well as mothers and fathers become the best parents they can be. The program continues until the child turns 2 years old. A Home Visitor will get to know you and connect you with services based on your specific situation. Everyone who is having a baby can feel overwhelmed. It's important to know that it's ok to ask for help. To initiate services, please directly contact any of the service providers serving the area where you reside.

<https://strongfamiliesaz.com/program/healthy-families-arizona>

High Risk Perinatal/Newborn Intensive Care Program

For families with newborns who have been in intensive care. The High-Risk Perinatal Program/Newborn Intensive Care Program (HRPP/NICP) is a comprehensive, statewide system of services dedicated to reducing maternal and infant mortality. The program provides a safety net for Arizona families, to ensure the most appropriate level of care surrounding birth as well as early identification and support for the child's developmental needs.

<https://strongfamiliesaz.com/program/high-risk-perinatal-programnewborn-intensive-care-program>

Nurse-Family Partnership

For first-time mothers less than 28 weeks pregnant. Children don't come with an instructional guide. It's normal that new mothers face challenges and doubt. In times like these, someone is here to help you. Nurse-Family Partnership is a community health care program that will connect you with a nurse home visitor. Through the visits, you will learn how you can best care for your child.

<https://strongfamiliesaz.com/program/nurse-family-partnership>

Nurse-Family Partnership/North and West Phoenix/Maricopa County

<https://www.swhd.org/programs/health-and-development/nurse-family-partnership/>

2850 N. 24th St.

Phoenix, AZ 85008

602-224-1740

Nurse-Family Partnership/East and South Phoenix/Maricopa County

<https://www.maricopa.gov/1867/Nurse-Family-Partnership>

4041 N. Central Ave., Suite 700

Phoenix, AZ 85012

602-224-1740

Nurse-Family Partnership/Casa de los Niños/Pima County

<https://casadelosninos.org/>

1101 N. 5th Ave
Tucson, AZ 85705

520-881-0001 extension 15112

Nurse-Family Partnership/Easter Seals Blake Foundation

Graham, Gila, Pima and Yuma County

<https://www.easterseals.com/blakefoundation/>

7750 E. Broadway Blvd., Suite A200
Tucson, AZ 85710

520-247-3275

Nurse-Family Partnership/Pima County

3950 S. Country Club Rd., Suite 100
Tucson, AZ 85714

520-724-7806

Yavapai County Community Health Services

1090 Commerce Dr.
Prescott, AZ 86305

928-442-5478

Yavapai County Community Health Services

Verde Valley, AZ 86326

928-634-6851

Parents as Teachers

For families with a child on the way or under 5 years old. Your children have so much potential. As a parent, you have a unique opportunity to be their first teacher. That's because most brain development occurs in the first few years of life, and you can make a difference. Parents as Teachers will show you how. Our Home Visitors will provide you with resources appropriate for your child's stage of development. Through Parents as Teachers, you'll develop a stronger relationship with your child and help prepare them for academic success.

<https://strongfamiliesaz.com/program/parents-as-teachers>

SafeCare

For families with a child under 5 years old. Let professional and highly trained home visitors support you and your family on your journey to success. Utilizing the nationally recognized SafeCare model, you will receive weekly visits that are divided into core focus areas: Parent-child interaction, health and home safety. In each focus area or module, you will build on and strengthen your skills through a variety of interactive sessions.

<https://strongfamiliesaz.com/program/safecare>

Maternal and Child Health Program and EPSDT - additional resources

ADHS Pregnancy and Breastfeeding Helpline

Provided by the Arizona Department of Health Services (ADHS) and offers information about pregnancy tests, and low-cost providers. Calls are answered by an International Board-Certified Lactation Consultant (IBCLC) to learn about the benefits of breastfeeding, mom's diet, milk supply, or tips and tricks for successful breastfeeding for mother and child.

Available 24 hours a day, 7 days a week: **1-800-833-4642**.

<https://www.azdhs.gov/prevention/nutrition-physical-activity/breastfeeding>

Affirm (formerly Arizona Family Health Partnership)

This federally funded program offers family planning, women's health services and education to Arizonans, regardless of their ability to pay. Call or go online to find a qualified health center near you.

<https://www.affirmaz.org/>

Arizona Postpartum Warm Line

Offers support for families dealing with "postpartum depression, postpartum anxiety and other mood disorders associated with pregnancy and postpartum. This is a volunteer, peer support warm line, and helpful to families dealing with postpartum.

Call or text **1-800-944-4773**

www.psiarizona.org

Arizona Early Intervention Program (AzEIP)

The Arizona Early Intervention Program, AzEIP, helps families of children with disabilities or developmental delays age birth to three years old. They provide support and can work with their natural ability to learn. The AzEIP website can be used to get additional information, to learn more about AZEIP resources and to submit a referral using their AzEIP Online Portal. You can also call Mercy Care Member Services Monday through Friday, 7 a.m. to 6 p.m. at **602-263-3000** or **1-800-624-3879** (TTY 711) and ask for the Mercy Care AzEIP coordinator.

AzEIP information: **1-888-592-0140**

AzEIP referral status check: **602-532-9960**

<https://des.az.gov/azeip>

Arizona Head Start

Arizona Head Start is a great program that gets infants, toddlers, and preschool-aged children ready for school. The program offers education preparation, healthy snacks and meals, services to promote family well-being, and more. They offer two Head Start programs, depending on your child's age range. Early Head Start is the program for children under 3 years old. Head Start is the program for children between 3 and 5 years old. Arizona Head Start offers these services and more at no cost to you. To locate an Early Head Start or Head Start program in your area, you can visit their website and use the Find Your Head Start Flyer. You can also use the contacts listed below.

<http://www.azheadstart.org/headstart.php>

Apache, Coconino, Navajo, and Yavapai Counties

Northern Arizona Council of Governments (NACOG)

928-774-9504

nacog.org

Cochise, Graham, Greenlee, Pima, and Santa Cruz Counties

Child Parent Centers, Inc. (CPC)
520-882-0100
childparentcenters.org

Gila or Pinal County

Pinal Gila Community Child Services, Inc. (PGCCS)
1-888-723-7321
pgccs.org

La Paz, Mohave, and Yuma Counties

Western Arizona Council of Governments (WACOG)
928-782-1886
wacog.com

Maricopa County

Catholic Charities Community Service - Westside Head Start
623-486-9868
CatholicCharitiesAz.org

Chicanos Por La Causa
602-716-0156
cplc.org

Child Crisis Arizona
480-304-9501
childcrisisaz.org

City of Phoenix Human Services – Head Start
602-262-4040
phoenix.gov/humanservices/programs/head-start

Maricopa County Human Services – Head Start
602-372-3700
maricopa.gov/5778/Apply-to-Head-Start-Programs

Southwest Human Development – Head Start
602-266-5976
swhd.org/programs/head-start/

Urban Strategies - Family & Child Academy
602-718-1720
www.urbanstrategies.us

Alhambra School District - Head Start
602-246-5155
alhambraesd.org

Booker T. Washington Child Development Center, Inc.
602-252-4743
btwchild.org

Deer Valley School District - Head Start
602-467-6013
dvusd.org/headstart

Fowler School District - Head Start
623-474-7260
fesd.org/Preschool

Washington Elementary School District – Head Start Plus
602-347-4806
wedschools.org/Domain/32

Birth to 5 Helpline

No-cost service available to all Arizona families with young children, as well as parents-to-be, with questions or concerns about their infants, toddlers, and preschoolers. They work with you to understand your specific concern and they align with each family’s own parenting values, traditions, and styles. Call to speak with an early childhood specialist, Monday through Friday from 8 a.m. to 8 p.m. You can also leave a voicemail or submit your question online anytime. You can also download the Birth To Five Helpline app to your phone for fast and easy access to information.

1-877-705-KIDS

<https://www.swhd.org/programs/health-and-development/birth-to-five-helpline>

Children’s Rehabilitative Services (CRS)

Children’s Rehabilitative Services (CRS) is a designation (title) given to members who are under 21 years of age and have qualifying medical conditions. Member must complete a CRS application to see if they qualify. If approved, then Mercy Care helps to provide closer care coordination and monitoring for both physical and behavioral health services to make sure special health care needs are met. If you have questions about your CRS benefits or services, you can call Mercy Care Member Services: **602-263-3000** or **1-800-624-3879** (TTY 711). Members with a SMI designation can call Member Services at **602-586-1841** or **1-800-564-5465** (TTY 711).

<https://www.azahcccs.gov/AHCCCS/Initiatives/CareCoordination/CRS.html>

<https://www.mercycareaz.org/members/completecure-formembers/crs>

First Things First

Partners with families and communities to help our state’s young children be ready for success in kindergarten and beyond. There’s no one right way to raise a child, and sometimes parenting a baby, toddler or preschooler can be a challenge. You don’t need to be perfect. To help you do the best you can, we have provided some parent resources for supporting your child’s healthy development and learning.

602-771-5100 or **1-877-803-7234**

<https://www.firstthingsfirst.org>

Fussy Baby Program

The Fussy Baby program is a component of the Birth to Five Helpline and provides support for parents who are concerned about their baby's temperament or behavior during the first year of life. Our clinicians will work with you to find more ways to soothe, care for, and enjoy your baby. We'll also offer ways to reduce stress while supporting you in your important role as a parent. Additional visit(s) to home if needed in Maricopa County only.

1-877-705-KIDS

<https://www.swhd.org/programs/health-and-development/fussy-baby>

Hushabye Nursery

Hushabye Nursery offers a safe and inclusive space where mothers, family members, and babies – from conception through childhood – can receive integrative care and therapeutic support that offers each child the best possible life outcomes. We provide a therapeutic and inviting environment of short-term medical care to infants suffering from Neonatal Abstinence Syndrome (NAS) and their families. We offer non-judgmental support, education, as well as provide prenatal and postpartum support groups, inpatient nursery services and outpatient therapies.

Call or text 480-628-7500

<https://www.hushabyenursery.org>

Jacob's Hope

Jacob's Hope is a specialty care nursery providing 24-hour medical care to newborns that were exposed to drugs or alcohol and are experiencing withdrawal symptoms at birth. We provide immediate, short-term medical care between the hospital NICU and home for infants with prenatal drug exposure.

480-398-7373

<https://jacobshopeaz.org/>

Office of Children's Health

150 N. 18th Ave.

Phoenix AZ 85007

602-542-1025

Postpartum Support International

This program provides no-cost vitamins for young women. These vitamins are for strong bones and teeth, shiny hair, strong nails, a healthy immune system, and preventing anemia. Taking a daily vitamin provides enough of each nutrient if you can't get it through what you eat every day. Good vitamins are also important for women's health by reducing the risk of heart disease, colon cancer, memory loss, and prevent certain birth defects when you're ready for children. They are provided by the Arizona Department of Health Services (ADHS) for Arizona women over 18 years of age.

PSI Helpline: 24 hours a day, 7 days a week **1-800-944-4773** (English), or (Spanish) **971-203-7773**.

National crisis line text **HOME to 741741** anywhere in the US, anytime.

<https://www.postpartum.net/get-help>

Power Me A2Z

This program provides no-cost vitamins for young women. These vitamins are for strong bones and teeth, shiny hair, strong nails, a healthy immune system, and preventing anemia. Taking a daily vitamin provides enough of each nutrient if you can't get it through what you eat every day. Good vitamins are also important

for women's health by reducing the risk of heart disease, colon cancer, memory loss, and prevent certain birth defects when you're ready for children. They are provided by the Arizona Department of Health Services (ADHS) for Arizona women over 18 years of age.

<https://www.powermea2z.org>

Raising Special Kids

Raising Special Kids is a program that helps improve the lives of children with the full range of disabilities, from birth to age 26. They provide support, training, information, and individual assistance so families can become effective advocates for their children.

Phoenix - **602-242-4366** or **1-800-237-3007**

Southern Arizona - Tucson **520-441-4007**

Southern Arizona - Yuma **928-444-8803**

www.raisingpecialkids.org

Vaccines for Children (VFC) Program

The Vaccines for Children (VFC) Program is a federally funded program that provides vaccines at no cost to you. They provide vaccines to children that are 18 years and under. If your child's PCP is not registered with this program, you will have to change to another PCP that is registered. For more information on the program, you can visit the Arizona Department of Health Services (ADHS) – Vaccines for Children (VFC) website. ADHS also offers an immunization (vaccine) education course and resources for you on their website that may help you if you have any questions or concerns.

602-364-3642

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#program-overview>

WIC (Women, Infants and Children)

WIC is an Arizona nutrition program that provides nutritious foods, breastfeeding education, and information. They help pregnant, breastfeeding, and postpartum women, as well as infants and children under five years old.

1-800-252-5942

Website: www.azdhs.gov/prevention/azwic

Find out if you're eligible: www.azdhs.gov/prevention/azwic/families/index.php#eligibility

Find a clinic near you: <https://clinicsearch.azbnp.gov>

WIC online

Families now have the option to attend some of their WIC appointments from the comfort of their homes. During a WIC@Home appointment, you'll join other parents or caregivers using a video-chat website to share tips on nutrition or breastfeeding. All you need is a smartphone, tablet or computer with a webcam to participate.

602-506-9333

<https://www.maricopa.gov/1491/Women-Infants-Children-WIC>

Information for caregivers

24-hour Senior Help Line: **602-264-HELP (4357)**

Mentally Ill Kids in Distressed (MIKID)

MIKID provides support and help to families in Arizona with behaviorally challenged children, youth and young adults. MIKID offers information on children's issues, internet access for parents, referrals to resources, support groups, educational speakers, holiday and birthday support for children in out of home placement, and parent-to-parent volunteer mentors.

www.mikid.org

810 Gemstone #3
Bullhead City, AZ 86442
928-704-9111

901 E. Cottonwood Lane
Casa Grande, AZ 85122
520-509-6669

2615 E. Beverly Ave.
Kingman, AZ 86409
928-753-4354

1777 N. Frank Reed Rd.
Nogales, AZ 85621
520-377-2122

925 E. Bilby Rd.
Tucson, AZ 85706
520-882-0142

2891 S. Pacific Ave.
Yuma, AZ 85365
928-344-1983

1939 Frontage Rd, Ste C
Sierra Vista, AZ 85635
602-253-1240

Migrant and seasonal program services

Chicanos Por La Causa Early Childhood Development

1402 S. Central Ave
Phoenix, AZ 85004
602-716-0156
www.cplc.org

Tribal program services

Gila River Head Start
P.O. Box 97
Sacaton, AZ 85147
520-562-3423
www.gilariver.org

Salt River Pima Maricopa Indian Community Early Childhood Education Center

4826 N Center St.
Scottsdale, AZ 85256
480-362-2200
https://ecec.srpmic-ed.org/

My Family Benefits

Information about medical, cash and nutrition assistance
1-855-432-7587 or **1-855-heaplus**
www.azdes.gov/myfamilybenefits

National Alliance on Mental Illness (NAMI)

NAMI Arizona has a Helpline for information on mental illness, referrals to treatment and community services, and information on local consumer and family self-help groups throughout Arizona. NAMI Arizona provides emotional support, education and advocacy to people of all ages who are affected by mental illness.

480-994-4407
www.namiarizona.org

National Hope Line Network

No-cost 24 hour hotline for anyone in crisis
1-800-442-4673

National Suicide Prevention Hotline

Offers no-cost 24-hour hotline available to anyone in suicidal crisis or emotional distress.
Dial **988** or **1-800-273-8255**
www.suicidepreventionlifeline.org

Nutrition Assistance (formerly the Food Stamp Program)

Supporting families to prevent under-nutrition in Arizona.
1-855-432-7587
des.az.gov/na

Nutrition, Physical Activity and Obesity (NUPAO) for additional resources for treating obesity and nutritional information.

www.azdhs.gov/phs/bnp/nupao and **Arizona Nutrition Network** at **https://www.azhealthzone.org/**

Opioid Help and Referral Line

Local medical experts offer patients, providers, and family members opioid information, resources and referral 24 hours a day, 7 days a week. Translation services available.

1-888-688-4222 or <https://www.azdhs.gov/oarline>

Poison Control

Call **911** right away if the individual collapses, has a seizure, has trouble breathing, or can't be awakened.

For immediate and expert advice that's no cost and confidential call hours a day, 7 days a week:

1-800-222-1222.

Get help online if you took too much medicine, swallowed or inhaled something that might be poisonous, splashed a product on your eye or skin, help identify a pill, or information about a medication.

<https://triage.webpoisoncontrol.org/#/exclusions> or visit <https://www.poison.org>

Reach Family Services/ Alcanza Servicios de Familia

Reach Family Services is a non-profit family run organization in south Phoenix who offers bilingual services in both Spanish and English to assist families who are raising children with behavioral and emotional health challenges. You can call them at **602-512-9000** or visit their website at <http://www.reachfs.org> for help.

Teen Lifeline

Teen Lifeline is a safe, confidential, crucial crisis service where teens help teens make healthy decisions through a 24-hour peer counseling crisis hotline and suicide prevention services.

Call or text **602-248-8336 (TEEN)** or Nationwide **1-800-248-8336 (TEEN)**

<https://teenlifeline.org>

Trans Lifeline

A peer-support crisis hotline in which all operators are transgender

1-877-565-8860

www.translifeline.org

Vocational Rehabilitation (VR)

The Arizona Department of Economic Security offers Vocational Rehabilitation. The VR program provides a variety of services to persons with disabilities, with the ultimate goal to prepare for, enter into, or retain employment.

1-800-563-1221 or TTY **1-855-475-8194**

<https://des.az.gov/services/employment/rehabilitation-services/vocational-rehabilitation-vr>

Low-cost and no-cost primary and preventive care services

Members who are not Medicaid eligible may access primary and preventive care at no or low cost. 2-1-1 Arizona provides information and referral services for general health and dental services available statewide.

<https://211Arizona.org>

Dial **2-1-1** within Arizona or **1-877-211-8661** from anywhere

TTY 711 or **1-800-367-8939** (Arizona Relay)

Fax: **602-263-0979**

1275 W. Washington St., Ste. 108

Tempe, AZ 85281-1859

MARICOPA COUNTY

Adelante Healthcare

<https://adelantehealthcare.com/locations/#>

Goodyear

13471 W. Cornerstone Rd.

Goodyear, AZ 85395

1-877-809-5092

Buckeye

306 E. Monroe Ave.

Buckeye, AZ 85326

1-877-809-5092

Gila Bend

100 N. Gila Blvd.

Gila Bend, AZ 85337

1-877-809-5092

Mesa

1705 W. Main St.

Mesa, AZ 85201

1-877-809-5092

Central Phoenix

500 W. Thomas Rd., Ste. 870

Phoenix, AZ 85013

1-877-809-5092

West Phoenix

7725 N. 43rd Ave., Ste. 510

Phoenix, AZ 85051

1-877-809-5092

Surprise

15351 W. Bell Rd.

Surprise, AZ 85374

1-877-809-5092

Peoria

15525 W 83rd Ave., Ste. 104

Peoria, AZ 85382

1-877-809-5092

Wickenburg

811 N. Tegner St., Ste. 113

Wickenburg, AZ 85390

1-877-809-5092

NOAH

<https://noahhelps.org/health-center-locations>

NOAH - Copperwood

11851 N. 51st Ave., Ste. B110

Glendale, AZ 85304

480-882-4545

NOAH - Desert Mission

9201 N. Fifth St.

Phoenix, AZ 85020

480-882-4545

NOAH - Heuser

7301 E. Second St., Ste. 210

Scottsdale, AZ 85251

480-882-4545

NOAH - Midtown

4131 N. 24th St., Ste. B-102
Phoenix, AZ 85016
480-882-4545

NOAH - Palomino

16251 N. Cave Creek Rd.
Phoenix, AZ 85032
480-882-4545

NOAH - Sierra

6206 W. Bell Rd.
Glendale, AZ 85308
480-882-4545

NOAH - Venado

20440 N. 27th Ave.
Phoenix, AZ 85027
480-882-4545

Valleywise Health Center

<https://valleywisehealth.org/locations>

North Phoenix Community Health Center

2025 W. Northern Ave.
Phoenix, AZ 85021
602-655-6300

Phoenix Comprehensive Health Center

2525 Roosevelt St.
Phoenix, AZ 85008
833-855-9973

Guadalupe Community Health Center

5825 E. Calle Guadalupe
Guadalupe, AZ 85283
480-344-6000

South Central Phoenix Community Health Center

33 W. Tamarisk St.,
Phoenix, AZ 85041
602-344-6600

South Phoenix/Laveen Community Health Center

5650 S. 35th Ave.
Phoenix, AZ 85041
602-655-6400

McDowell Community Health Center

1101 N. Central Ave., Ste. 204
Phoenix, AZ 85004
602-344-6550

Maryvale Community Health Center

4011 N. 51st Ave.
Phoenix, AZ 85031
623-344-6900

Chandler Community Health Center

811 S. Hamilton St.
Chandler, AZ 85225
480-344-6100

El Mirage Community Health Center

12428 W. Thunderbird Rd.
El Mirage, AZ 85335
623-344-6500

Peoria Comprehensive Health Center

8088 W. Whitney Dr.
Peoria, AZ 85345
602-655-2000

Avondale Community Health Center

950 E. Van Buren St.
Avondale, AZ 85323
623-344-6800

Glendale Community Health Center

5141 W. LaMar St.
Glendale, AZ 85301
623-344-6700

Mesa Community Health Center

59 S. Hibbert
Mesa, AZ 85210
480-344-6200

7th Avenue Family Health Center

1205 S. 7th Ave.
Phoenix, AZ 85007
602-344-6600

Mountain Park Health Center
<https://mountainparkhealth.org/>

Mountain Park Health Center - Tempe
1840 E. Broadway Rd.
Tempe, AZ 85282
602-243-7277

Mountain Park Health Center - Maryvale
6601 W. Thomas Rd.
Phoenix, AZ 85033
602-243-7277

Mountain Park Health Center - Gateway
3830 E. Van Buren St.
Phoenix, AZ 85008
602-243-7277

Mountain Park Health Center - Goodyear
140 N. Litchfield Rd. #106
Goodyear, AZ 85338
602-243-7277

**Mountain Park Health Center -
South Phoenix/Baseline**
635 E. Baseline Rd.
Phoenix, AZ 85042
602-243-7277

Mountain Park Health Center - Christown
5517 N. 17th Ave.
Phoenix, AZ 85015
602-243-7277

Native American Community Health Center, Inc.
4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
602-279-5262

Panda Pediatrics
515 W. Buckeye Rd., Ste. 402
Phoenix, AZ 85003
602-257-9229

Maryvale Family Practice Group
4700 N. 51 Ave., Ste. 6
Phoenix, AZ 85031
623-209-5555

OSO Medical
13851 W. LaMar Blvd., Ste. C
Goodyear, AZ 85338
623-925-2622

PIMA COUNTY

Desert Senita Community Health Center
410 N. Malacate St.
Ajo, AZ 85321
520-387-5651

El Rio Community Health Centers
<https://www.elrio.org/for-patients/locations/>

**El Rio Community Health Centers - Pascua Yaqui
Health Center**
7490 S. Camino De Oeste
Tucson, AZ 85746
520-879-6225

**El Rio Community Health Centers - Congress
Health Center**
839 W. Congress St.
Tucson, AZ 85745
520-670-3909

**El Rio Community Health Centers - St. Elizabeth's
Health Center**
140 W. Speedway Blvd., Ste.100
Tucson, AZ 85705
520-670-3909

**El Rio Community Health Centers - Northwest
Health Center**
320 W. Prince Rd./340 W. Prince Rd.
Tucson, AZ 85705
520-670-3909

El Rio Community Health Centers - Cherrybell Health Center

1230 S. Cherrybell Ave.
Tucson, AZ 85713
520-670-3909

El Rio Community Health Centers - Southwest Health Center

1500 W. Commerce Ct.
Tucson, AZ 85746
520-670-3909

El Rio Community Health Centers - Southeast Health Center

6950 E. Golf Links Rd.
Tucson, AZ 85730
520-670-3909

El Rio Community Health Centers - El Pueblo Campus

101 W. Irvington Rd., Bldg. 10
Tucson, AZ 85714
520-670-3909

MHC Healthcare - Flowing Wells Family Health Center

1323 W. Prince Rd.
Tucson, AZ 85705
520-887-0800

MHC Healthcare - Primary Care Health Center 2355 N. Wyatt Dr., Ste. 101

Tucson, AZ 85712
520-616-4948

MHC Healthcare - Santa Catalina Health Center

16701 N. Oracle Rd., Ste. 135
Catalina, AZ 85739
520-825-6763

MHC Healthcare - Wilmot Family Health Center

899 N. Wilmot Rd., Bldg. B
Tucson, AZ 85711
520-290-1100

COCHISE COUNTY

Chiricahua Community Health Center - Bisbee

108 Arizona St.
Bisbee, AZ 85603
520-432-3309

Chiricahua Community Health Center - Douglas

1100 F Ave.
Douglas, AZ 85607
520-364-3285

Chiricahua Community Health Center - Elfrida

10566 N. Hwy 191
Elfrida, AZ 85610
520-642-2222

Copper Queen Community Hospital - Douglas Primary Care Clinic

100 E. 5th St.
Douglas, AZ 85607
520-805-6800

MHC Healthcare

<https://mhhealthcare.org/our-locations/>

MHC Healthcare - Clinica Del Alma Health Center

3690 S. Park Ave., Ste. 805
Tucson, AZ 85713
520-616-6760

MHC Healthcare - Keeling Health Center

435 E. Glenn St.
Tucson, AZ 85705
520-616-1560

MHC Healthcare - Ellie Towne Health Center

1670 W. Ruthrauff Rd.
Tucson, AZ 85705
520-616-6797

MHC Healthcare - Ortiz Community Health Center

12635 W. Rudasill Rd.
Tucson, AZ 85743
520-682-3777

**Copper Queen Community Hospital - Bisbee
Primary Care Clinic**
7 Bisbee Rd.
Bisbee, AZ 85603
520-432-2042

GREENLEE COUNTY

Canyonlands Healthcare - Duncan
227 Main St. (P.O. Box 708)
Duncan, AZ 85534
928-359-1380

GRAHAM COUNTY

Canyonlands Healthcare - Safford
2016 W. 16th St.
Safford, AZ 85546
928-428-1500

Low-fee dental services

The following organizations offer low-fee dental services:

GILA COUNTY

Copper Vista Dental Care
1450 South St., Ste. 3
Globe, AZ 85501
928-257-4222

Canyonlands Healthcare - Globe
5860 S. Hospital Dr., Ste. 120
Globe, AZ 85501
928-402-0491

MARICOPA COUNTY

Mountain Park Health Center (3 locations)
602-243-7277
<https://mountainparkhealth.org/locations>

5517 N. 17th Ave.
Phoenix, AZ 85015

635 E. Baseline Rd.
Phoenix, AZ 85042

6601 W. Thomas Rd.
Phoenix, AZ 85033

Native Health Central

4041 N. Central Ave., Bldg. C
Phoenix, AZ 85012
602-279-5262
www.NativeHealthPhoenix.org

Phoenix College Clinic - dental hygiene school only
1202 W. Thomas Rd.
Phoenix, AZ 85013
602-285-7777
<https://www.phoenixcollege.edu/community/community-services/dental-clinic>

St. Vincent De Paul

420 W. Watkins St.
Phoenix, AZ 85002
602-261-6842
<https://www.stvincentdepaul.net/programs/dental-clinic/appointments-for-children>

PIMA COUNTY

El Rio Health

<https://www.elrio.org/service/dental>

El Rio Dental Congress
839 W. Congress St.
Tucson, AZ 85745
520-670-3909

El Rio Northwest Dental Center
340 W. Prince Rd.
Tucson, AZ 85705
520-670-3909

El Rio Southwest Dental Center
1500 W. Commerce Ct., Bldg. 1
Tucson, AZ 85746
520-670-3909

Pima Community College (open to the public)
Dental Hygiene Clinic West Campus
2202 W. Anklam Rd., Rm. K-212
Tucson, AZ 85709
520-206-6090
<https://www.pima.edu/student-resources/support-services/health-wellness-safety/dental-clinic.html>

Desert Senita Community Health Center
410 N. Malacate St.
Ajo, AZ 85321
520-387-5651
https://www.dentalclinics.org/lis/desert_senita_dental_center_85321

Member advocates

An advocate is anyone who supports and promotes the rights of the member. Listed below are advocates available for members receiving care in or out of the home:

- Member's PCP or doctor.
- DCS Specialist and the Supervisor or the Program Manager.
- Member's Juvenile Justice Probation or Parole Officer.
- Assistant Attorney General (AAG) assigned to the member's case.
- The Arizona Center for Disability Law: a non-profit public interest law firm dedicated to protection and advocacy of individuals with disabilities. For more information, visit their website at <https://www.azdisabilitylaw.org> or call the Phoenix office at **602-274-6287** or toll-free at **1-800-927-2260**. You can call the Tucson office at **520-327-9547** or toll-free at **1-800-922-1447**.
- The Arizona Ombudsman-Citizens Aide: if you feel you have been treated unfairly by a state administrator, if you find yourself in a disagreement or dispute with a state agency or department, call the ombudsman-citizen aide at **602-277-7292** or toll-free at **1-800-872-2879** or visit <https://www.azoca.gov/child-safety-dcs>.
- National Alliance on Mental Illness (NAMI): a grassroots organization dedicated to advocating for quality treatment for persons with mental illness and promoting community support programs. Call **480-994-4407** for information & resources or visit <http://www.namiarizona.org> for a local affiliate near you.
- Arizona Coalition to End Sexual and Domestic Violence: a helpline for information and answers to questions relating to Sexual and Domestic Violence Services in Arizona, including information about the legal system, your legal rights, resources and referrals and safety planning. Visit their website at <http://www.acesdv.org>. You can also call the Sexual and Domestic Violence Services Helpline at **602-279-2900** or toll-free at **1-800-782-6400**, and TTD/TTY **602-279-7270**. Or email INFO@acesdv.org.

Definitions

Appeal: To ask for review of a decision that denies or limits a service.

Copayment: Money a member is asked to pay for a covered health service when the service is given.

Durable Medical Equipment: Equipment and supplies ordered by a health care provider for a medical reason for repeated use.

Emergency Medical Condition: An illness, injury, symptom or condition (including severe pain) that a reasonable person could expect that not getting medical attention right away would:

- Put the person's health in danger
- Put a pregnant woman's baby in danger
- Cause serious damage to bodily functions
- Cause serious damage to any body organ or body part

Emergency Medical Transportation: See *Emergency Ambulance Services*

Emergency Ambulance Services: Transportation by an ambulance for an emergency condition.

Emergency Room Care: Care you get in an emergency room.

Emergency Services: Services to treat an emergency condition.

Excluded Services: See *Excluded*.

Excluded: Services that AHCCCS does not cover. Examples are services that are:

- Above a limit
- Experimental
- Not medically needed

Grievance: A complaint that the member communicates to their health plan. It does not include a complaint for a health plan's decision to deny or limit a request for services.

Habilitation Services and Devices: See *Habilitation*.

Habilitation: Services that help a person get and keep skills and functioning for daily living.

Health Insurance: Coverage of costs for health care services.

Home Health Care: See *Home Health Services*.

Home Health Services: Nursing, home health aide, and therapy services; and medical supplies, equipment, and appliances a member receives at home based on a doctor's order.

Hospice Services: Comfort and support services for a member deemed by a physician to be in the last stages (six months or less) of life.

Hospital Outpatient Care: Care in a hospital that usually does not require an overnight stay.

Hospitalization: Being admitted to or staying in a hospital.

Medically Necessary: A service given by a doctor, or licensed health practitioner that helps with health problems, stops diseases, disability, or extends life.

Network: Physicians, health care providers, suppliers and hospitals that contract with a health plan to give care to members.

Non-Participating Provider: See *Out of Network Provider*.

Out of Network Provider: A health care provider that has a provider agreement with AHCCCS but does not have a contract with Mercy Care DCS CHP. You may be responsible for the cost of care for out-of-network providers.

Participating Provider: See *In-Network Provider*.

In-Network Provider: A health care provider that has a contract with your health plan.

Physician Services: Health care services given by a licensed physician.

Plan: See *Service Plan*.

Service Plan: A written description of covered health services, and other supports which may include:

- Individual goals
- Family support services
- Care coordination
- Plans to help the member better their quality of life

Preauthorization: See *Prior Authorization*.

Prior Authorization: Approval from Mercy Care DCS CHP that may be required before you get a service. This is not a promise that the health plan will cover the cost of the service.

Premium: The monthly amount that a member pays for health insurance. A member may have other costs for care including a deductible, copayments, and coinsurance.

Prescription Drug Coverage: Prescription drugs and medications paid for by your health plan.

Prescription Drugs: Medications ordered by a health care professional and given by a pharmacist.

Primary Care Physician: A doctor who is responsible for managing and treating the member's health.

Primary Care Provider (PCP): A person who is responsible for the management of the member's health care. A PCP may be a:

- Person licensed as an allopathic or osteopathic physician, or
- Practitioner defined as a physician assistant licensed or
- Certified nurse practitioner.

Provider: A person or group who has an agreement with AHCCCS to provide services to AHCCCS members.

Rehabilitation Services and Devices: See *Rehabilitation*.

Rehabilitation: Services that help a person restore and keep skills and functioning for daily living that have been lost or impaired.

Skilled Nursing Care: Skilled services provided in your home or in a nursing home by licensed nurses or therapists.

Specialist: A doctor who practices a specific area of medicine or focuses on a group of patients.

Urgent Care: Care for an illness, injury, or condition serious enough to seek immediate care, but not serious enough to require emergency room care.

Maternity care service definitions

Certified Nurse Midwife (CNM) is a individual certified by the American College of Nursing Midwives (ACNM) on the basis of a national certification examination and licensed to practice in Arizona by the State Board of Nursing. CNMs practice independent management of care for pregnant women and newborns, providing antepartum, intrapartum, postpartum, gynecological, and newborn care, within a health care system that provides for medical consultation, collaborative management, or referral.

Free Standing Birthing Centers are out-of-hospital, outpatient obstetrical facilities, licensed by the Arizona Department of Health Services (ADHS) and certified by the Commission for the Accreditation of Free Standing Birthing Centers. These facilities are staffed by registered nurses to provide assistance with labor and delivery services and are equipped to manage uncomplicated, low-risk labor and delivery. These facilities shall be affiliated with, and in close proximity to, an acute care hospital for the management of complications, should they arise.

High-risk pregnancy refers to a condition in which the mother, fetus, or newborn is, or is anticipated to be, at increased risk for morbidity or mortality before or after delivery. High-risk is determined through the use of the Medical Insurance Company of Arizona (MICA) or American College of Obstetricians and Gynecologists (ACOG) standardized medical risk assessment tools.

Licensed midwife means an individual licensed by the Arizona Department of Health Services (ADHS) to provide maternity care as specified in A.R.S. Title 36, Chapter 6, Article 7 and A.A.C. R9-16 (This provider type does not include certified nurse midwives licensed by the Board of Nursing as a nurse practitioner in midwifery or physician assistants licensed by the Arizona Medical Board).

Maternity care includes identification of pregnancy, prenatal care, labor/delivery services, and postpartum care.

Maternity care coordination consists of the following maternity care related activities: determining the member's medical or social needs through a risk assessment evaluation; developing a plan of care designed to address those needs; coordinating referrals of the member to appropriate service providers and community resources; monitoring referrals to ensure the services are received; and revising the plan of care, as appropriate.

Maternity care provider – The following are provider types who may provide maternity care when it is within their training and scope of practice:

- Arizona licensed allopathic and/or osteopathic physicians who are obstetricians or general practice/family practice providers
- Physician Assistants
- Nurse Practitioners
- Certified Nurse Midwives, and
- Licensed Midwives

Postpartum – For individuals determined eligible for 12-months postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 12-month period following termination of pregnancy ends. For individuals determined eligible for 60-days postpartum coverage, postpartum is the period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends. Quality measures used in maternity care quality improvement may use different criteria for the postpartum period.

Postpartum care is health care provided for a period that begins on the last day of pregnancy and extends through the end of the month in which the 60-day period following termination of pregnancy ends.

Practitioner refers to certified nurse practitioners in midwifery, physician’s assistant(s), and other nurse practitioners. Physician assistant(s) and nurse practitioners as specified in A.R.S. Title 32, Chapters 15 and 25, respectively.

Preconception counseling is the provision of assistance and guidance aimed at identifying/reducing behavioral and social risks, through preventive and management interventions, in women of reproductive age who are capable of becoming pregnant, regardless of whether she is planning to conceive. This counseling focuses on the early detection and management of risk factors before pregnancy and includes efforts to influence behaviors that can affect a fetus prior to conception. The purpose of preconception counseling is to ensure that a woman is healthy prior to pregnancy. Preconception counseling is considered included in the well-woman preventative care visit and does not include genetic testing.

Prenatal care is the provision of health services during pregnancy which is composed of three major components:

1. Early and continuous risk assessment
2. Health education and promotion
3. Medical monitoring, intervention, and follow-up

Non discrimination notice

Mercy Care DCS CHP complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Mercy Care does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Mercy Care DCS CHP:

- Provides no cost aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides no cost language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need a qualified interpreter, written information in other formats, translation or other services, call the number on your ID card or **1-800-385-4104 (TTY 711)**.

If you believe that Mercy Care DCS CHP has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a member grievance with our Civil Rights Coordinator at:

Attn: Civil Rights Coordinator
4500 East Cotton Center Boulevard Phoenix, AZ 85040
1-888-234-7358 (TTY 711)
MedicaidCRCoordinator@MercyCareAZ.org

You can file a member grievance by mail or email. If you need help filing a member grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Ave., SW Room 509F, HHH Building,
Washington, D.C. 20201
1-800-368-1019
1-800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.



ARIZONA
DEPARTMENT
of CHILD SAFETY
Comprehensive
Health Plan

www.MercyCareAZ.org